## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 29, 2007 08:00 A Secretary of State

ANNUAL REPORT					Secretary of St			
DOCUMENT # P05000106376  1. Entity Name RLC PROFESSIONAL APPLICATORS INC.					ì	Secretary of S	) Li	
Principal Place 220 ARTHUR DELEON SPR		Mailing Address 220 ARTHUR STREET DELEON SPRINGS, FL 32130			BENEV BINN BENY BENY BE	81 II DII 88110 8110 8111 1881 8 1110 8 11 1881		
				02092007	No Chg-P	CR2E034 (11/05)		
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 81-067	7803	Applied For Not Applicate	bìe	
the state of				5. Certificate	of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent  ZAPATA-COTHRAN, ELIZABETH 220 ARTHUR ST DELEON SPRINGS, FL 32130				DO IN	NOT W	RITE PACE		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							pt	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	RECTORS		i dring is		Haray Balla	16	
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P COTHRAN, RICKY L 220 ARTHUR STREET DELEON SPRINGS, FL 32130				10000	1681,759 20058 015, (50, 00	4	
STREET ADDRESS CITY-ST-ZIP			- 1 4 A					
NAME STREET ADDRESS CITY-ST-ZIP					NOT W	- 1 st st 1 m (20 - 28 ) - 1 st 10 (10 - 10 ) 1 tt 1 s 1 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SI	ACE		
TITLE . NAME STREET ADDRESS		-					9	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/26/07 886-747-532