2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-09-2006 90039 047 ***150.00 DOCUMENT # P05000115830 1. Entity Name R&R SITE DESIGN, INC. 66002743 Mailing Address Principal Place of Business 1342 COLONIAL BLVD SUITE E-37 1342 COLONIAL BLVD SUITE E-37 FT MYERS, FL 33907 FT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 81-0678603 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARNSWORTH, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD SUITE E-37 FT MYERS, FL 33907 City Zip Code 8. 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, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE PD ☐ Detete TITLE ☐ Change Addition FARNSWORTH, ROBERT L NAME 1342 COLONIAL BLVD SUITE E-37 STREET ADORESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33907 CITY-ST-ZIP TITLE TITLE Toleta . ☐ Change Sd Addition Gayle Farnsworth NAME NAME 1342 Colonial Blud E.37. STREET ADDRESS STREET ADDRESS CITY - 57- ZIP CITY-ST-ZIP Et Myers, F1 33907 ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE ППЕ ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition MILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP 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 early that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as reported 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. tornsworth SIGNATURE:

FILED Feb 27, 2006 8:00 am Secretary of State

