

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161194

Entity Name: RESERVED TECHNOLOGY, INC.

FILED  
Feb 24, 2007  
Secretary of State

## Current Principal Place of Business:

3617 CROWN POINT ROAD STE #8  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

3617 CROWN POINT ROAD STE #10  
JACKSONVILLE, FL 32257

## Current Mailing Address:

3617 CROWN POINT ROAD STE #8  
JACKSONVILLE, FL 32257

## New Mailing Address:

P O BOX 57487  
JACKSONVILLE, FL 322417487

FEI Number: 20-4008564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH A  
3617 CROWN POINT ROAD STE #8  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: WRIGHT, JAMES P  
Address: PO BOX 24668  
City-St-Zip: JACKSONVILLE, FL 322414668

Title: DS ( ) Delete  
Name: WRIGHT, LYNDALEE L  
Address: PO BOX 24668  
City-St-Zip: JACKSONVILLE, FL 322414668

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: WRIGHT, JAMES P  
Address: PO BOX 57487  
City-St-Zip: JACKSONVILLE, FL 322417487

Title: DS (X) Change ( ) Addition  
Name: WRIGHT, LYNDALEE L  
Address: PO BOX 57487  
City-St-Zip: JACKSONVILLE, FL 322417487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WRIGHT

DPT

02/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date