2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000042272



FILED

May 21, 2007 8:00 am Secretary of State

05-21-2007 90059 026 ***150.00 1. Entity Name RTR CONTRACTORS INC. Principal Place of Business Mailing Address 40111601 13750 WEST COLONIAL DRIVE STE(350-138) 13750 WEST COLONIAL DRIVE STE(350-138) WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05112007 Chg-P 4. FEI Numbe City & State City & State Applied For 850230 Not Applicable Zip Zin 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 Name RAMAWAD, RUPERT Street Address (P.O. Box Number is Not Acceptable) 13750 WEST COLONIAL DRIVE STE(350-138) WINTER GARDEN, FL 34787 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE ☐ Delete RAMAWAD, RUPERT T. NAME NAME 13750 WEST COLONIAL DRIVE STE.(350-138) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY - ST - ZIP ☐ Delete ☐ Change Addition RAMAWAD, JENNIFER NAME NAME STREET ADDRESS 13750 WEST COLONIAL DRIVE STE. (350-138) STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 in the 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 impowered 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 attactment of with an address, with all other like empowered. changed, or on an attachm with all o

SIGNATURE

amowas SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D-14-01

Daytime Phone #