


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90002 002 ***550.00

| | |
|---|---|
| DOCUMENT # P06000095605 |  |
| 1. Entity Name RKL & ASSOCIATES, INC. | |

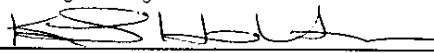
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| Principal Place of Business 4225 VANITA COURT WINTER SPRINGS, FL 32708 | Mailing Address 4225 VANITA COURT WINTER SPRINGS, FL 32708 |
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| 2. Principal Place of Business - No P.O. Box # 1129 Rinehart Rd. | 3. Mailing Address 1129 Rinehart Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Sanford, FL | City & State Sanford FL |
| Zip 32771 | Country Seminole |

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| 09042007 | Chg-P CR2E034 (12/06) |
| 4. FEI Number 20-5318022 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

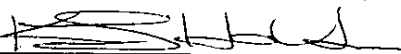
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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | |
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| 7. Name and Address of New Registered Agent | |
| Name K. Leanne Holton | |
| Street Address (P.O. Box Number is Not Acceptable) 1129 Rinehart Rd. | |
| City Sanford | FL Zip Code 32771 |

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| 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:  | DATE: _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT HOLTON, K. LEANNE 4225 VANITA COURT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS HOLTON, RAYMOND O III 4225 VANITA COURT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | 9/4/07 407-328-0757 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |