

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90020 029 ***158.75

DOCUMENT # P06000139748			
1. Entity Name RESCUE TECH SALES & SERVICE, INC.			
Principal Place of Business 5311 KASEMEYER RD BAY CITY, MI 48706		Mailing Address 5311 KASEMEYER RD BAY CITY, MI 48706	
2. Principal Place of Business - No P.O. Box # 12677 Tamiami Trail		3. Mailing Address Rescue Tech Sales Service 12677 Tamiami TR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Punta Gorda FL		City & State Punta Gorda FL	
4. FEI Number 03-0610806		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02122008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR SUITE 350 FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: RAY LITTLE Street Address (P.O. Box Number is Not Acceptable): 12677 Tamiami Trail City: Punta Gorda FL Zip Code: 33955	
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: <i>Ray Little</i>		RAY LITTLE 2/13/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	NAME: LITTLE, RAYMOND	TITLE: Vice President/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5311 KASEMEYER RD	CITY-ST-ZIP: BAY CITY, MI 48706	NAME: Raymond LITTLE	STREET ADDRESS: 5311 Kasemeyer RD
		STREET ADDRESS: Bay City MI 48706	
TITLE: D	NAME: LITTLE, LINDA	TITLE: President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5311 KASEMEYER RD	CITY-ST-ZIP: BAY CITY, MI 48706	NAME: Linda LITTLE	STREET ADDRESS: 5311 Kasemeyer
		STREET ADDRESS: Bay City MI 48706	
TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	STREET ADDRESS:
		STREET ADDRESS:	
TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	STREET ADDRESS:
		STREET ADDRESS:	
TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	STREET ADDRESS:
		STREET ADDRESS:	
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: <i>Ray Little</i>		RAY LITTLE 2/13/08 989 2749439	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	