



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			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. 12677 Tamiami TR.		02122008 Chg-P CR2E034 (12/06)	
City & State Punta Gorda FL		City & State Punta Gorda FL		4. FEI Number 03-0610806	
Zip 33955		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 <u><i>Ray Little</i></u> RAY LITTLE 2/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, RAYMOND 5311 KASEMEYER RD BAY CITY, MI 48706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Sec. Raymond LITTLE 5311 Kase Meyer RD Bay City MI 48706
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, LINDA 5311 KASEMEYER RD BAY CITY, MI 48706	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Linda LITTLE 5311 Kase Meyer Bay City MI 48706	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Ray Little</i></u> RAY LITTLE 2/13/08 989 2749439 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					