

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90028 001 ***150.00

DOCUMENT # P07000050010	
1. Entity Name: RLS CONCESSIONS INC.	

Principal Place of Business: 28 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	Mailing Address: P.O. BOX 1044 LAKE PLACID, FL 33852
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

400713000



01092008 Chg-P CR2E034 (12/06)

4. FCI Number 26-0571953	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
RANDALL, WILLIAM G 28 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	

7. Name and Address of New Registered Agent	
Name:	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ Sign in the space provided for the registered agent or the filer.	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contributor ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITL NAME STREET ADDRESS CITY STATE ZIP P RANDALL, WILLIAM G 28 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	☐ Delete	TITL NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition	
TITL NAME STREET ADDRESS CITY STATE ZIP VP RANDALL, KATE L 28 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	☐ Delete	TITL NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition	
TITL NAME STREET ADDRESS CITY STATE ZIP	☐ Delete	TITL NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition	
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TITL NAME STREET ADDRESS CITY STATE ZIP	☐ Delete	TITL NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition	
TITL NAME STREET ADDRESS CITY STATE ZIP	☐ Delete	TITL NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ 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, understood 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 entities listed or empowered.	
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Date of Filing	
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ATTACHMENT

Main Event Catering

4/16/2008 12:49 PM

Register: Wauchula State Bank

From 03/01/2008 through 04/16/2008

Sorted by: Date, Type, Number/Ref

40071500
107000050010

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
03/07/2008	Debit	Florida Department of...	Miscellaneous Expense	penalty	50.00	X		-98.77
03/15/2008			Food Cost	Deposit		X	150.00	51.23
03/24/2008			N/P Gilbert Randall	Deposit		X	600.00	651.23
03/24/2008	Debit	Wauchula State Bank	N/P WSB Trailers (ref)		568.00	X		83.23
03/28/2008	EFT	Florida Department of...	Business Licenses and ...		50.00	X		33.23
03/31/2008			Bank Service Charges	Service Charge	15.00	X		18.23
04/01/2008	1020	HRH Services Inc.	Professional Fees:Acco...	813	11.25			6.98
04/15/2008			Catering Sales	Deposit			890.00	896.98
04/16/2008	1021	Florida Department of...	Accounts Payable	2008 Annual R...	150.00			746.98