


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90002 039 \*\*\*558.75

<b>DOCUMENT # P07000128617</b>	
1. Entity Name ROUNDTABLE CONCEPTS, INC.	

Principal Place of Business 5236 ALBERT DRIVE WINTER PARK, FL 32792	Mailing Address 5236 ALBERT DRIVE WINTER PARK, FL 32792
---	---

40115662



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08212008 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 26-1514445	Applied For Not Applicable
-----------------------------	-------------------------------

6. Name and Address of Current Registered Agent	
BAUGESS, JACK 5236 ALBERT DRIVE WINTER PARK, FL 32792	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
---

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUGESS, JACK	NAME	
STREET ADDRESS	5236 ALBERT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIR, FRANKLIN	NAME	
STREET ADDRESS	322 LYNELL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32809	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 	Date: 9-9-08	Daytime Phone #: 386-552-5578
--	--------------	-------------------------------