


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000018483	
1. Entity Name RSRR, INC.	

Principal Place of Business 2 SOUTH ATLANTIC AVE. COCOA BEACH, FL 32931	Mailing Address 2 SOUTH ATLANTIC AVE. COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NASH, CHARLES I 930 S. HARBOR CITY BLVD. STE 505 MELBOURNE, FL 32901

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, RUSSELL E. 2 S ATLANTIC AVE COCOA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAGLAND, CHARLES D. 2 S ATLANTIC AVE COCOA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: <u><i>McNeil</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/17/06</u> <small>Date</small>	<u>321-783-2401</u> <small>Daytime Phone #</small>
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04142008 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3172646	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/04/06-80036-015 150.00

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