# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P93000064372

1. Entity Name
RSR INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5461 SE MARICAMP RD<br>OCALA, FL 34480 US | PO BOX 831132<br>OCALA, FL 34483-1132 US |

03172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0445004
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, RALPH
5461 SE MARICAMP ROAD
OCALA, FL 34480

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PVST |
| NAME | LOPEZ, RALPH |
| STREET ADDRESS | 5360 NE 1ST LANE |
| CITY-ST-ZIP | OCALA, FL 34470 |
| TITLE | D |
| NAME | LOPEZ, RALPH |
| STREET ADDRESS | 5360 N E1ST LANE |
| CITY-ST-ZIP | OCALA, FL 34470 |
| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/26/06-80096-025 150.00

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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:** RALPH LOPEZ APR 5 2006 (352)694-2502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #