2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000064372

1. Entity Name
RSR INTERNATIONAL, INC.

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

DO NOT WRITE IN THIS SPACE

03262008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0445004		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

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000914621 05/08/08-80064-008 150.00

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	VST
NAME	LOPEZ, SANDRA
STREET ADDRESS	5360 NE 1ST LANE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Sandra H_ _____ 4-21-08   352-694-2502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
352-694-222