

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90344 045 \*\*\*150.00

**DOCUMENT # P93000070521**

1. Entity Name  
**R & D TECHNOLOGY SERVICES, INC.**



Principal Place of Business  
**8317 FRONT BEACH RD  
SUITE 17A2  
PANAMA CITY BEACH, FL 32407 US**

Mailing Address  
**8317 FRONT BEACH ROAD  
SUITE 17A2  
PANAMA CITY BEACH, FL 32407 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3209131**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, DEBORAH S  
8317 FRONT BEACH RD  
STE 17A2  
PANAMA CITY BEACH, FL 32407**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VTS  
STECKEL, RICHEY J  
8317 FRONT BEACH RD STE 17A2  
PANAMA CITY BEACH, FL 32407**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PRESIDENT  
GRAY, DEBORAH S.  
8317 FRONT BEACH ROAD, STE 17A2  
PANAMA CITY BEACH, FL 32407**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Deborah S. Gray* **DEBORAH S. GRAY**

**4/20/05**

Date

**850-233-1104**

Daytime Phone #