


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90017 041 ***150.00

DOCUMENT # P93000084216 1. Entity Name RT&D HOLDINGS, INC.			
Principal Place of Business 2502 N ROCK PT 1050 TAMPA, FL 33607		Mailing Address 4053 SUMMERWOOD AVE ORLANDO, FL 32812	
2. Principal Place of Business 2502 N. Rocky Pt. Dr. Suite, Apt. #, etc. Suite 1050 City & State Tampa, FL Zip 33607		3. Mailing Address 2502 N. Rocky Pt. Dr. Suite, Apt. #, etc. Suite 1050 City & State Tampa, FL Zip 33607	
4. FEI Number 59-3213368		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROHAUER, GARY N 1150 CLEVELAND ST, 3RD FLOOR CLEARWATER, FL 33755		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, JOHN M 437 ST ANDREWS DRIVE BELLAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN, JOHN M 437 ST ANDREWS DRIVE BELLAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDP RYAN, JOHN M 437 ST ANDREWS DRIVE BELLAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/14/05 813-288-8078 <small>Date Daytime Phone #</small>	