

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

|                                                                                    |                                                                                   |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000012722</b><br>1. Entity Name<br><b>R K S INVESTMENTS, INC.</b> |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>1035 REYNOLDS ROAD<br>LAKELAND, FL 33801 US | Mailing Address<br>1035 REYNOLDS ROAD<br>LAKELAND, FL 33801 US |
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01102005 No Chg-P CR2E004 (10/03)

**DO NOT WRITE IN THIS SPACE**

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3225575</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Name and Address of Current Registered Agent</b><br><br>PATEL, BHASKAR D<br>3218 SUMMERLAND HILLS CT.<br>LAKELAND, FL 33813 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

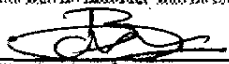
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

|                                                                                     |                                    |
|-------------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PATEL, BHASKAR D<br>3218 SUMMERLAND HILLS CT.<br>LAKELAND, FL 33813 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PATEL, NEHAB<br>3218 SUMMERLAND HILLS CT.<br>LAKELAND, FL 33813    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

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| <b>DO NOT WRITE IN THIS SPACE</b> |
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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)(f), 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 as an attachment with an address, with all other like empowered.

**SIGNATURE:**  **BHASKAR PATEL** **01-10-05** **863-665-1523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #