

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90078 031 ***150.00

DOCUMENT # P94000037128

1. Entity Name
RCH PROFESSIONALS, INC.



Principal Place of Business
**5262 LONGLEAF ST
JACKSONVILLE, FL 32209 US**

Mailing Address
**5316 DAWNINGTON DRIVE
JACKSONVILLE, FL 32257 US**

20017770



2. Principal Place of Business

3. Mailing Address

5316 Downington Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172005 Chg-P CR2E034 (10/03)

City & State

City & State
Jacksonville, FL

4. FEI Number
59-3249381

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

**HO, RUEI-CHUNG
5316 DOWNINGTON DR.
JACKSONVILLE, FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

B. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RUEI-CHUNG HO
5316 DOWNINGTON DR.
JACKSONVILLE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HO, I-CHIA
5316 DOWNINGTON DR.
JACKSONVILLE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ruei-chung Ho

2/20/05 (904) 9248164