

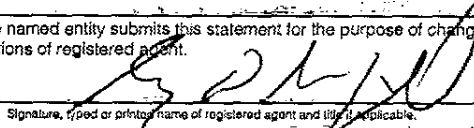
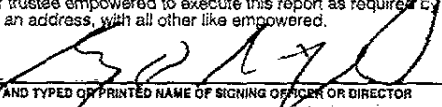


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000065523		
1. Entity Name RCG HOLDINGS, INC.		
Principal Place of Business 4141 SOUTHPOINT DR. E STE B JACKSONVILLE, FL 32216	Mailing Address 4141 SOUTHPOINT DR. E STE B JACKSONVILLE, FL 32216	 03262004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-3265694		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent SILVERFIELD, GARY D 4141 SOUTHPOINT DR. E STE B JACKSONVILLE, FL 32216		
DO NOT WRITE IN THIS SPACE		
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 reinstalling) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		U000000115606 04/16/04-80031-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SILVERFIELD, GARY D 4141 SOUTHPOINT DR. E, STE B JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ATKERSON, CHARLES F 9471 BAYMEADOWS ROAD STE. 403 JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIBB, REMBERT 4141 SOUTHPOINT DR. E, STE B JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 # _____