

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000077631**

1. Entity Name  
RCP, INC.



**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
7301 HIDEAWAY TRAIL  
NEW PORT RICHEY, FL 34655

Mailing Address  
7301 HIDEAWAY TRAIL  
NEW PORT RICHEY, FL 34655



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3278512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SINIGALLIANO, SCOTT M  
7301 HIDEAWAY TRAIL  
NEW PORT RICHEY, FL 34655

**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 \_\_\_\_\_

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, 2006 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	P SINIGALLIANO, SCOTT 7301 HIDEAWAY TRAIL NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SINIGALLIANO, EUGENE 24-18 DITMARS BLVD. ASTORIA, NY 11105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINIGALLIANO, JANET L 7301 HIDEAWAY TRAIL NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000525844  
05/04/06-80048-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SCOTT SINIGALLIANO** **4/16/2006** **727-893-678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #