

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000077631

1. Entity Name
RCP, INC.



FILED
May 29, 2008 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



05232008 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 ☐ \$8.75 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)

000000952135
06/04/08-80088-013 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME SINIGALLIANO, SCOTT
STREET ADDRESS 7301 HIDEAWAY TRAIL
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE V
NAME SINIGALLIANO, EUGENE
STREET ADDRESS 24-18 DITMARS BLVD.
CITY-ST-ZIP ASTORIA, NY 11105

TITLE S
NAME SINIGALLIANO, JANET L
STREET ADDRESS 7301 HIDEAWAY TRAIL
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 #

SCOTT SINIGALLIANO 5/22/2008 727-376-4495