


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000088812	
1. Entity Name RSG ASSOCIATES, INC.	

Principal Place of Business 7909 2ND AVE. SOUTH ST. PETERSBURG, FL 33707	Mailing Address 7909 2ND AVE. SOUTH ST. PETERSBURG, FL 33707
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03282006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3281882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUINAN, BOB 7909 2ND AVENUE SOUTH ST. PETERSBURG, FL 33707
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**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	DPT GUINAN, BOB 7909 2ND AVE. SOUTH ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GUINAN, KAREN 7909 2ND AVE. SOUTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/13/06-80029-022 150.00

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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: *Bob Guinan* *BOB GUINAN* *3/28/06* *727 384 1199*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #