2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # P95000037490 1. Entity Name R.L.P. INC.							90178 003 ***15	50.00
Principal Place of Business Mailing			ailing Address			8 868		
7 FOREST GROVE PLACE		7 FOREST GROVE PLACE						
FORT WALTON BEACH, FL 32548		FORT WALTON BEACH, FL 32548						
• • • • • • • • • • • • • • • • • • • •			,			18181 8221 8824 8841 8821		
2. Principal P	lace of Business	3. Mailing Addres	3. Mailing Address			1010 OMAN MONTH OF THE	<u> </u>	H
Suite, Apt. #. etc.		Suite, Apt. #, etc.						
Suite, Apr. 11, Stor		Colley, pl. 14, old.		04192005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Numbe	r	A	pplied For
·					59-3315	5502	N	ot Applicable
Zip	Country	Zip	Coun	lry	5. Certificate	of Status Desired	□ \$8.75 Ad	
				1	1		Fee Require	ed
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered Agent	
PAWLIK, RICHARD L JR				rians				
7 FOREST GROVE PLACE				Street Address (P.O. Box Number is Not Acceptable)				
FORT WALTON BEACH, FL 32548								
				City			FL Zip Coo	ie
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								and accept
	ions of registered agent.	. The periodic of chair	ngig its register	so ombe or registe	red agera, or ook	i, iii are didie or rie	anda. Fantianial min	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent agenture required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				neing \$5	.00 May Be			<u> </u>
71101 111								
10,	OFFICERS AND		11.	-	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
TITLE	D SAME III SIGUADO A AD	☐ Del					☐ Change	Addition
NAME CENTEET ADODESCE	PAWLIK, RICHARD L JR							
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS - ST-ZIP				
						·	П.	
TITLE HAME		☐ Deli	ete TITLE NAMI	ı			☐ Change	Addition
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CITY-ST-ZIP				-ST-ZiP				
TITLE		□ Del	ete TITLE	:			Change	Addition
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CITY-ST-ZIP				-ST-ZIP				
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STREET ADDRESS				et address				
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TITLE		☐ Delo	ete TITLE				☐ Change	☐ Addition
NAME			HAME	<u> </u>			_ •	
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
12. I hereby	certify that the information supplied with	this filing does not a	ualify for the exer	motion stated in Se	ection 119 07(3)(i	Florida Statutes I	further certify that the i	nformation

indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers changed, or on an attackment with an address, with a in globes not quality for the exemption stated in section 1190/(5)(i), Horida Statutes. Finding reging that he minimation and accordate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director to be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if therefixe empowered.