

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 010 ***150.00

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1. Entity Name
RAPID RETRIEVAL, INC.



Principal Place of Business *270 Waymont Ct* Mailing Address *270 Waymont Ct*
994 LAKE DESTINY ROAD #110 *994 LAKE DESTINY ROAD #110*
SUITE 102 Lake Mary, FL *SUITE 102 Lake Mary, FL*
ALTAMONTE SPRINGS, FL 32714 32746 *ALTAMONTE SPRINGS, FL 32714 32746*

94048091



DO NOT WRITE IN THIS SPACE

03112004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3381474** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FORD II, ALBERT E ESQ. *270 Waymont Ct*
994 LAKE DESTINY ROAD #110
SUITE 102 Lake Mary, FL
ALTAMONTE SPRINGS, FL 32714 32746

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARSON, MARK R
STREET ADDRESS	<i>See above</i> 994 LAKE DESTINY ROAD, STE 102
CITY-ST-ZIP	<i>address</i> ALTAMONTE SPRINGS, FL 32714
TITLE	VP
NAME	CARSON, LEE ANN
STREET ADDRESS	<i>see above</i> 994 LAKE DESTINY ROAD, STE 102
CITY-ST-ZIP	<i>address</i> ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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]

MARK R. CARSON

4-6-04

Date

407 284-5344

Daytime Phone #