\$ 550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000072021 1. Entity Name RAPID RETRIEVAL, INC.								FILED 06 AUG 21 AM 7: 37						
Principal Place of Business Mailing Address									ڊ مين			: TATE FERMIO	λ	
24525 CR 44 EUSTIS, FL 3		P.O. BOX 520 Sorrento, FL 32776						د م د م	t * **.	. Liter	, : ()			
									N HOIDH BAIL BEI	IE Be in Bein B	OUTH ED OF O	 		
2. Principal P	lace of Busin	3. Mailing	3. Mailing Address											
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				07112006	Chg-l	•	CR2E0	34 (11/05)			
City & State	9	City &	City & State				4. FEI Numb					olied For Applicable		
Zip	Country			Zip Count			5. Certificate of Status Desired			\$8.75 Additional Fee Required				
	6. Name	Registered .	Registered Agent			7. Name and Address of New Registered Agent								
FORD II, ALBERT E ESQ.						Name Street A	MA	KKK I	CAR	SON				
270 WAYN #110						Street Address (P.O. Box Number is Not Acceptable)								
LAKE MARY, FL 32746						City EUSTIS FL ZIDCOCT 210								
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 Fiorida. I am familiar with, and acceptations of registered agent.													ind accept	
_	iono or rogici	12/1/		Presid	ځم					5	-/-	06		
SIGNATOTIE	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 \$550.00 Due by September 6, 2006 9. Election Campaign Financing														
10.	<u> </u>						P	ADDITIONS	/CHANGES	TO OFFICE	ERS AND	DIRECTORS		
TITLE NAME	P Delete TITL NAM					: E	CAR	SON, M		R		Change Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		MONT CT STE 110 RY, FL 32746		STRE				0.B0X 520 perento FL 32776						
TITLE	VP □ Delete TITL						VP	-1-0-11-0	(,,	<i></i> ,	-	Change	☐ Addition	
NAME STREET ADDRESS	CARSON, LEE ANN 270 WAYMONT CT #110					E et address		SON, LE		S				
CITY-ST-ZIP		RY, FL 32746		CITY				280x 520 28ento FL 32776						
TITLE NAME	☐ Delete TiTL											☐ Change	Addition	
STREET ADDRESS CITY+ST+ZIP						ET ADDRESS ST-ZIP		9 08/2	000 9706	792 01016-	139 -022	5 59 **3711	.25	
TITLE				☐ Delete	TITLE							☐ Change	Addition	
NAME STREET ADDRESS					NAM! STRE	et address								
CITY-\$T-ZIP				<u> </u>		-ST-ZIP		=-				·		
TITLÉ NAME				☐ Delete	TITLE							☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS -ST-ZIP								
TITLE				☐ Delete	TITLE					<u> </u>		☐ Change	☐ Addition	
name Street address					NAM! STRE	e Et address								
CITY-ST-ZIP						-ST-ZIP					•			
12. I hereby certify that the information supplied with this filling 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.														
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTED NAME (OF SIGNING OFFICER	OR DIRECT	ant.		6	5-1-C	06	35	2 357 aytime Phone #	5180	