

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90022 031 ***158.75

DOCUMENT # P95000072417

1. Entity Name

RDC INTERNATIONAL, INC.



Principal Place of Business

1819 MAIN STREET
#702
SARASOTA FL 34236

Mailing Address

1819 MAIN STREET
#702
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number
65-0950425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CELLA, ANTHONY A CFO
1819 MAIN STREET, STE. 702
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MINTMIRE, DONALD F	
STREET ADDRESS	265 SUNRISE AVENUE #204	
CITY-ST-ZIP	PALM BEACH FL 33408	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	HARKOLA, JOHN	
STREET ADDRESS	1819 MAIN STREET #702	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	CELLA, ANTHONY A	
STREET ADDRESS	1819 MAIN STREET, #702	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIJER, ALAN	
STREET ADDRESS	1819 MAIN STREET, #702	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKENS, BEN	
STREET ADDRESS	1819 MAIN STREET, #702	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	TAGER, CLIFF	
STREET ADDRESS	1819 MAIN STREET, #702	
CITY-ST-ZIP	SARASOTA FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN DICKENS	
STREET ADDRESS	1819 MAIN STREET #702	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony A. Cella, CFO

Date

1/22/2004

Daytime Phone #

941-365-9955