

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085548

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: RODGER RESMONDO, INC.

**Current Principal Place of Business:**

3886 LAKE SHORE DR.  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3886 LAKE SHORE DR.  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 59-3342911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: MALCOM, WILLIAM  
Address: 629 BELLINGHAM PLACE  
City-St-Zip: PALM HARBOR, FL 34684

Title: STD      ( ) Delete  
Name: RESMONDO, EDDIE L  
Address: 3886 LAKE SHORE DR.  
City-St-Zip: PALM HARBOR, FL 34684

Title: P      ( ) Delete  
Name: RESMONDO, RODGER  
Address: 629 BELLINGHAM PL.  
City-St-Zip: PALM HARBOR, FL 34684

Title: STD      ( ) Delete  
Name: RESMONDO, EDDIE  
Address: 3886 LAKE SHORE DR.  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE RESMONDO

STD

04/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date