


FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90073 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000000759	
1. Entity Name R.T. COMMUNICATIONS, INC	

Principal Place of Business 1053 EAST SR 436 SUITE 281 CASSELBERRY, FL 32707 US	Mailing Address P.O. BOX 2222 GOLDENROD, FL 32733-2222 US
---	---

54071474



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State	City & State
--------------	--------------

4. FEI Number 59-3350873	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

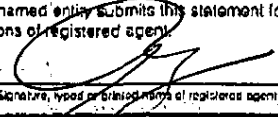
6. Name and Address of Current Registered Agent

**JOHNSON, RONALD E
149 SHADY OAK LN
OVIDO, FL 32765**

7. Name and Address of New Registered Agent

Name **JOHNSON, RONALD E**
Street Address (P.O. Box Number is Not Acceptable)
966 LOGENBERRY TRAIL
City **WINTER SPRINGS** FL Zip Code **32708**

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:  **RONALD E. JOHNSON** **8/31/04**
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when registering) DATE:

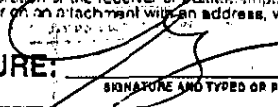
FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME PCED JOHNSON, RONALD E.	<input type="checkbox"/> Delete	TITLE NAME NAME 966 Logenberry Trail	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 149 SHAY OAK LN		STREET ADDRESS Winter Springs, FL 32708	
CITY-ST-ZIP OVIDO, FL 32765		CITY-ST-ZIP Winter Springs, FL 32708	
TITLE NAME DST JOHNSON, VERONICA D	<input type="checkbox"/> Delete	TITLE NAME NAME 966 Logenberry Trail	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 149 SHAY OAK LN		STREET ADDRESS Winter Springs, FL 32708	
CITY-ST-ZIP OVIDO, FL 32765		CITY-ST-ZIP Winter Springs, FL 32708	
TITLE NAME VD JOHNSON, WILMA J	<input type="checkbox"/> Delete	TITLE NAME NAME 966 Logenberry Trail	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 149 SHAY OAK LN		STREET ADDRESS Winter Springs, FL 32708	
CITY-ST-ZIP OVIDO, FL 32765		CITY-ST-ZIP Winter Springs, FL 32708	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 filer empowered.

SIGNATURE:  **RONALD E. JOHNSON** **8/31/04** **407252 3964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE