


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000000759 1. Entity Name R.T. COMMUNICATIONS, INC	
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Principal Place of Business 1033 EAST SR 436 SUITE 129 CASSELBERRY FL 32707 US	Mailing Address P.O. BOX 2222 GOLDENROD FL 32733-2222 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



1st MOORE CR2E034 (10/06)

4. FEI Number 59-3350873 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, RONALD E 966 LOGENBERRY TRAIL WINTER SPRINGS FL 32708		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 filer (applicable) (NOTE: Registered Agent signature required when reinstated) (2007)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 Max Trust Fund Contribution <input type="checkbox"/> Added to Fee
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN PAST YEAR	
TITLE	PCEO JOHNSON, RONALD E 966 LOGENBERRY TRAIL WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	DST JOHNSON, VERONICA D 966 LOGENBERRY TRAIL WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	VD JOHNSON, WILMA J 966 LOGENBERRY TRAIL WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

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05/02/07-80082-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the info 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 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 if it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/19/07 4072523