


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000050691</b>		
1. Entity Name RSD CONSULTING, INC.		
Principal Place of Business 3810 MARNIE PLACE JACKSONVILLE, FL 32223	Mailing Address 3810 MARNIE PLACE JACKSONVILLE, FL 32223	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DOUGLASS, ROBERT S 3810 MARNIE PLACE JACKSONVILLE, FL 32223		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOUGLASS, ROBERT S 3810 MARNIE PLACE JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUGLASS, MARY A 3810 MARNIE PLACE JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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)(f), 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: <u>Robert S. Douglass - President 3/1/2005 904-260-4930</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3386401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000248622  
03/02/05-80038-004 150.00

**DO NOT WRITE  
IN THIS SPACE**