

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000055204**

1. Entity Name  
**RESEARCH INSTITUTE INC.**



Principal Place of Business  
**2121B CORPORATE SQUARE BLVD., SUITE 235  
SUITE 242  
JACKSONVILLE, FL 32216**

Mailing Address  
**2121B CORPORATE SQUARE BLVD., SUITE 235  
SUITE 242  
JACKSONVILLE, FL 32216**



04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3389632**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WATSON, MAX R  
2121B CORPORATE SQUARE BLVD., SUITE 235  
JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WATSON, MAX R. 2121B CORPORATE SQUARE BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WATSON, LANNY P. 2121B CORPORATE SQUARE BLVD JACKSONVILLE, FL
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U00000318236  
04/20/05-80052-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Max R. Watson - MAX R. WATSON PD 04/19/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #