


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000072628</b>	
<b>1. Entity Name</b> BUDCO RTO, INC.	

<b>Principal Place of Business</b> 216 E U.S. HWY 82 TIFTON, GA 31794	<b>Mailing Address</b> 6608 ADAMO DRIVE TAMPA, FL 33619
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**DO NOT WRITE IN THIS SPACE**

02242005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3400223	Applied For Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

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

GOLD, AARON J ESQ.  
704 WEST BAY STREET  
TAMPA, FL 33606

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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)  
Signature, typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	SLATTON, JAMES W
<b>STREET ADDRESS</b>	6608 ADAMO DRIVE
<b>CITY - ST - ZIP</b>	TAMPA, FL
<b>TITLE</b>	S
<b>NAME</b>	SLATTON, KIME LEA
<b>STREET ADDRESS</b>	11203 LAKE SASSA DR
<b>CITY - ST - ZIP</b>	THONOTOSASSA, FL 33592
<b>TITLE</b>	V
<b>NAME</b>	SLATTON, AMY
<b>STREET ADDRESS</b>	164 HONEY SUCKLE LN
<b>CITY - ST - ZIP</b>	TIFTON, GA 31794
<b>TITLE</b>	V
<b>NAME</b>	DURAN, CARLOS
<b>STREET ADDRESS</b>	216 E HWY 82
<b>CITY - ST - ZIP</b>	TIFTON, GA 31794
<b>TITLE</b>	VT
<b>NAME</b>	BEVILLE, TERRY
<b>STREET ADDRESS</b>	213 KINGSWAY DR
<b>CITY - ST - ZIP</b>	TEMPLE TERRACE, FL 33617
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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04/04/05-80091-016 158.75

**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:** James W. Slatton 3/8/05 813-623-5461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #