

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90004 007 \*\*\*150.00

DOCUMENT # P96000076841					
1. Entity Name RTG INTERSTATE CORP.					
Principal Place of Business 11540 HIGHWAY 92 EAST SEFFNER, FL 33584		Mailing Address 11540 HIGHWAY 92 EAST SEFFNER, FL 33584			
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	04222008 Chg-P CR2E034 (12/06) 4. FEI Number 59-3407649 Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
BEYER, DAVID A C/O PIPER MARBURY RUDNICK & WOLFE LLP 101 E KENNEDY BLVD SUITE 2000 TAMPA, FL 33602			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 _____ (NOTE: Registered Agent signatures required when terminating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEAMAN, JEFFREY	NAME			
STREET ADDRESS	400 PERIMETER CENTER TERRACE, STE. 800	STREET ADDRESS			
CITY ST ZIP	ATLANTA, GA 30346	CITY ST ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEIN, LEWIS	NAME			
STREET ADDRESS	11540 HWY 92ND E	STREET ADDRESS			
CITY ST ZIP	SEFFNER, FL 33584	CITY ST ZIP			
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKEL, JEFFREY	NAME			
STREET ADDRESS	400 PERIMETER CENTER TERRACE, STE. 800	STREET ADDRESS			
CITY ST ZIP	ATLANTA, GA 30346	CITY ST ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KETTLE, J MICHAEL	NAME			
STREET ADDRESS	400 PERIMETER CENTER TERRACE, STE. 800	STREET ADDRESS			
CITY ST ZIP	ATLANTA, GA 30346	CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	V Peter Weitzner		
STREET ADDRESS		STREET ADDRESS	400 Perimeter Center Terrace, STE 800		
CITY ST ZIP		CITY ST ZIP	Atlanta, GA 30346		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	VS Jamie Sheer		
STREET ADDRESS		STREET ADDRESS	11540 Highway 92 East		
CITY ST ZIP		CITY ST ZIP	Seffner, FL 33584		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		VP Lewis Stein 4/22/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			