

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000086789**

1. Entity Name

FLORIDA RS TECHNOLOGY, INC.



Principal Place of Business

3379A SW 42ND AVE  
PALM CITY, FL 34990 US

Mailing Address

3379A SW 42ND AVE  
PALM CITY, FL 34990 US

**DO NOT WRITE IN THIS SPACE**



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0708826

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III  
555 COLORADO AVE  
STUART, FL 34994

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000513583  
04/29/06-80136-007 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RAGL, ALBERT  
4920 SW GROVE ST  
PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SPACEK, TIMOTHY J  
5665 SW WOODHAM ST  
PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Timothy J. Spacek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY J. SPACEK

4-6-06 772-221-8882  
Date Daytime Phone #