2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000086789

1. Entity Name
FLORIDA RS TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
3379A SW 42ND AVE	3379A SW 42ND AVE
PALM CITY, FL 34990 US	PALM CITY, FL 34990 US

DO NOT WRITE IN THIS SPACE

03092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0708826	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

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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 _____

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAGL, ALBERT
STREET ADDRESS	4920 SW GROVE ST
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	SPACEK, TIMOTHY J
STREET ADDRESS	5665 SW WOODHAM ST
CITY-ST-ZIP	PALM CITY, FL 34990

U00000740773
05/15/07-80002-014 150.00

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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: _____   4/27/07   772-221-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #