2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P96000102423

Entity Name: R.R.P. REC., INC.

Current Principal Place of Business:

801 SE COPELAND AVE
EVERGLADES CITY, FL 34139 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 580
EVERGLADES CITY, FL 34139

New Mailing Address:

FEI Number: 65-0720440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT MILLER
9090 THE LANE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILLER, ROBERT JR.
Address: 1917 PRINCESS CT
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete
Name: MILLER, PATRICIA
Address: 9090 THE LANE
City-St-Zip: NAPLES, FL

Title: TSD ( ) Delete
Name: MILLER, ROBERT SR.
Address: 9090 THE LANE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MILLER, ROBERT JR.
Address: 5090 CORALWOOD DR.
City-St-Zip: NAPLES, FL 34114

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MILLER VP 04/26/2005
Electronic Signature of Signing Officer or Director Date