2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102423

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

Address:

City-St-Zip:

9090 THE LANE

NAPLES, FL

FILED Mar 20, 2009 Secretary of State

•		,				
Current Principal Place of Business:				New Principal Place of Business:		
	DPELAND AVI DES CITY, FL					
Current Mailing Address:				New Mailing Address:		
P.O. BOX EVERGLA	580 .DES CITY, FL	. 34139				
FEI Number:	: 65-0720440	FEI Number Ap	plied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	LANE FL 34109 l	JS submits this sta	ement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR						
0.014/ (1.01		nic Signature of	Registered Age	nt	Date	
Election Car	mpaign Financir	g Trust Fund Con	ribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MILLER, ROB	H AVENUE SW		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (MILLER, PATF 9090 THE LAN NAPLES, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TSD (MILLER, ROBI) Delete ERT_SR.		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT MILLER TSD 03/20/2009