

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018273

**FILED**  
**Feb 15, 2005**  
**Secretary of State**

**Entity Name:** RCG ENTERPRISES, INCORPORATED OF PINELLAS COUNTY, FLORIDA

**Current Principal Place of Business:**

4439 54TH AVE. N.  
ST PETERSBURG, FL 33714 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8728  
ST. PETERSBURHG, FL 33738 US

**New Mailing Address:**

**FEI Number:** 59-3434319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, ROBERT C  
15810 REDINGTON DR  
REDINGTON BCH, FL 33708 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: P ( ) Delete  
Name: GOMEZ, ROBERT C  
Address: 15810 REDINGTON DR  
City-St-Zip: REDINGTON BCH, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GOMEZ, ROBERT C  
Address: 15810 REDINGTON DR  
City-St-Zip: REDINGTON BCH, FL 33708

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: ROBERT C. GOMEZ

PRES

02/15/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date