


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90230 047 ***150.00

DOCUMENT # P97000100789 1. Entity Name R.C. STORAGE TWO, INC.			
Principal Place of Business 2706 REW CIR #100 OCOEE, FL 34761 US		Mailing Address P O BOX 27 OCOEE, FL 34761 US	
2. Principal Place of Business <i>1041 CROWN PARK CIRCLE</i> Suite, Apt. #, etc.		3. Mailing Address <i>1041 CROWN PARK CIRCLE</i> Suite, Apt. #, etc.	
City & State <i>WINTER GARDEN</i> Zip <i>34787</i> Country <i>ORANGE</i>		City & State <i>WINTER GARDEN</i> Zip <i>34787</i> Country <i>ORANGE</i>	
4. FEI Number 59-3481147		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04252006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent COX, LAWRENCE E 2704 REW CIRCLE #105 <i>1041 CROWN PARK CIRCLE</i> OCOEE, FL 34761 <i>WINTER GARDEN, FL 34787</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, LAWRENCE E 2704 REW CIRCLE #105 OCOEE, FL 34761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RABOUD, RONALD J 2704 REW CIRCLE #105 OCOEE, FL 34761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Ronald J Raboud 4/25/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>(407) 877-0220</i> <small>Daytime Phone #</small>	

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