

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90033 011 \*\*\*150.00

40032336



01132005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000104672</b> 1. Entity Name <b>R.T.G. ENTERPRISES INC.</b>																													
Principal Place of Business 40433 US 19 NO TARPON SPRINGS, FL 34689 US			Mailing Address 40433 US 19 NO. TARPON SPRINGS, FL 34689 US																										
2. Principal Place of Business <b>1911 OAKMONT AVE</b> Suite, Apt. #, etc. <b>#5</b>		3. Mailing Address <b>PO BOX 927</b> Suite, Apt. #, etc.																											
City & State <b>TARPON SPRINGS</b>		City & State <b>TARPON SPRINGS, FL</b>		4. FEI Number <b>59-3484782</b>																									
Zip <b>FL</b>		Country <b>34689</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
Zip <b>34688</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>JIRIKOWIC, RAYMOND</b> <b>317 RIDGE ROAD</b> <b>PALM HARBOR, FL 34683</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <span style="float: right;">3/11/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JIRIKOWIC, RAYMOND</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>40433 US 19 NO.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARPON SPRINGS, FL 34689</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	JIRIKOWIC, RAYMOND		STREET ADDRESS	40433 US 19 NO.		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1911 OAKMONT AVE #5</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>TARPON SPRINGS FL 34689</b></td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	<b>1911 OAKMONT AVE #5</b>	CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>				
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <span style="float: right;">3/11/05 727-942-9555</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													