2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 15, 2004 08:00 AM Secretary of State DOCUMENT # P98000017508 1. Entity Name RCO, INC Principal Place of Business Mailing Address **6708 DEARBORN STREET 6708 DEARBORN STREET** MILTON, FL 32570 MILTON, FL 32570 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3495974 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROOKS, KENNETH L JR DO NOT WRITE 202 OAK STREET MILTON, FL 32570 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ROBINSON, WESLEY C STREET ADDRESS 6708 DEARBORN STREET CITY-ST-ZIP MILTON, FL 32570 U000000005224 01/15/04-80044-008 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-78P

SIGNATURE: