

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000004747 1. Entity Name RSS DEVELOPMENT, INC.					
Principal Place of Business 6355 METROWEST BOULEVARD SUITE 330 ORLANDO FL 32835			Mailing Address 6355 METROWEST BOULEVARD SUITE 330 ORLANDO FL 32835		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3550837	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSSMAN, NANCY A 6355 METROWEST BOULEVARD SUITE 330 ORLANDO FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when applicable)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSMAN, NANCY A 6355 METROWEST BOULEVARD, SUITE 330 ORLANDO FL 32835	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEGAL, WILLIAM M 1177 LOUISIANA AVENUE, SUITE 207 WINTER PARK FL 32789	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSSMAN, RUTH J 6355 METRO WEST BLVD., STE 330 ORLANDO FL 32835	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3550837** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee

000000542618 ☐ Change ☐ Add
 05/10/06-80105-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Nancy A. Rossman, Pres** 4-20-06 **407-523-26**