

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000004905

Entity Name
RPS TRUCKING COMPANY



Principal Place of Business
**1605 GLEN HAVEN CIRCLE
OCOE FL 34761**

Mailing Address
**1605 GLEN HAVEN CIRCLE
OCOE FL 34761**

1. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Division of **FILED**
April 11, 2005 08:00 AM
Secretary of State
Annual Report
P.O. Box 6880
Tallahassee 32314



MOORE CR2E034 (11/03)

4. FEI Number 59-3552490		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PERSAD, RAM 1605 GLEN HAVEN CIRCLE OCOE FL 34761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
--	--	---	--

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PERSAD, RAM	1605 GLEN HAVEN CIRCLE	OCOE FL 34761				

2. 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: *Ram Persad (President)* **4-4-05** **407/294-0892**