

2005 FOR PROFIT CORPORATION ANNUAL REPORT


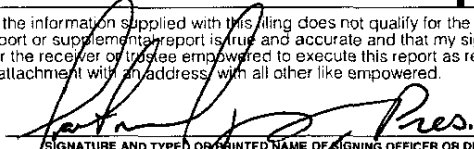
FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90012 027 ***150.00

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01212005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000075345			
1. Entity Name RECORDSET DEVELOPMENT INC.			
Principal Place of Business 11789 ST ANDREWS PL #103 WELLINGTON, FL 33414		Mailing Address 11789 ST ANDREWS PL #103 WELLINGTON, FL 33414	
2. Principal Place of Business 5583 LOBLOLLY PL Suite, Apt. #, etc.		3. Mailing Address Po Box 830 Suite, Apt. #, etc.	
City & State GRANT, FL		City & State GRANT, FL	
4. FEI Number 65-0943114		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPRUNGER, SCOTT M 11789 ST ANDREWS PL #103 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) 5583 LOBLOLLY PL City GRANT FL Zip Code 32949	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTD SPRUNGER, SCOTT M 11789 ST ANDREWS PL #103 WELLINGTON, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Po Box 830 GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRUNGER, LYNN A 11789 ST ANDREWS PL #103 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Po Box 830 GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Pres.		Date: 1/21/05 321-676-3391	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	