2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # V02159

1. Entity Name
RESOURCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
3117 W. COLUMBUS DR SUITE 207 TAMPA, FL 33607 US	P.O. BOX 4356 TAMPA, FL 33677-4356 US

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3097880

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOPERWASSER, RICHARD
3117 W. COLUMBUS DR
SUITE 207
TAMPA, FL 33607

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COOPERWASSER, RICHARD
STREET ADDRESS	3117 W. COLUMBUS DR, SUITE 207
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	DT
NAME	DRISCOLL, JOAN
STREET ADDRESS	3117 W. COLUMBUS DR, SUITE 207
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000499417
04/24/06-80027-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Joan Driscoll JOAN DRISCOLL/OFFICER 4/6/06 813-931-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #