


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90046 046 \*\*\*150.00

<b>DOCUMENT # V02159</b> 1. Entity Name <b>RESOURCE CONSULTANTS, INC.</b>					
Principal Place of Business <b>3117 W. COLUMBUS DR SUITE 207 TAMPA, FL 33607 US</b>			Mailing Address <b>P.O. BOX 4356 TAMPA, FL 33677-4356 US</b>		
2. Principal Place of Business - No P.O. Box # <b>11740 FOREST HILLS DR</b>		3. Mailing Address <b>P.O. Box 4356</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>59-3097880</b>	
Zip <b>33612</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>COOPERWASSER, RICHARD 3117 W. COLUMBUS DR SUITE 207 TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>11740 FOREST HILLS DR.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33612</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPERWASSER, RICHARD <del>3117 W. COLUMBUS DR, SUITE 207</del> <del>TAMPA, FL 33607</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11740 FOREST HILLS DR.</b> <b>TAMPA, FL 33612</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DRISCOLL, JOAN <del>3117 W. COLUMBUS DR, SUITE 207</del> <del>TAMPA, FL 33607</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6210 SKYWARD COURT</b> <b>BRADENTON, FL 34203</b>	
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	
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	
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.					
<b>SIGNATURE</b> <i>Joan Driscoll</i> <b>JOAN DRISCOLL</b> <b>DIRECTOR/TREASURER</b> <b>APR 3, 2008</b> <b>941-753-9197</b>					