
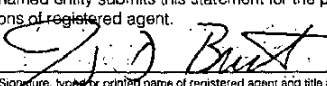
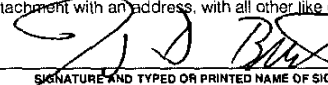


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90050 014 ***150.00

DOCUMENT # V30828 1. Entity Name R K G, INC.					
Principal Place of Business 5501 28TH ST N SUITE 12 ST PETERSBURG, FL 33714 US			Mailing Address P.O. BOX 1530 LUTZ, FL 33548 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3119503	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITT, JAMES D 152 WHITAKER ROAD ZEPHYRHILLS, FL 33544			7. Name and Address of New Registered Agent Name BRITT, JAMES D. Street Address (P.O. Box Number is Not Acceptable) 152 WHITAKER ROAD City LUTZ FL Zip Code 33549		
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  JAMES D. BRITT 1/6/04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <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	PVD BRITT, JAMES D 12805 WINNERS CIRCLE SPRING HILL, FL 34610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD BRITT, JAMES D. 2109 BAYSHORE BLVD PH2 TAMPA FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  JAMES D. BRITT 1/6/04 813-948-8157 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24000530



01062004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITT, JAMES D
152 WHITAKER ROAD
ZEPHYRHILLS, FL 33544

Name **BRITT, JAMES D.**
Street Address (P.O. Box Number is Not Acceptable)
152 WHITAKER ROAD
City **LUTZ** **FL** Zip Code **33549**

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9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

PVD
BRITT, JAMES D
12805 WINNERS CIRCLE
SPRING HILL, FL 34610

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

PVD
BRITT, JAMES D.
2109 BAYSHORE BLVD PH2
TAMPA FL 33606

☒ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #