

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000023557

**Entity Name:** R.T.N.C ALL INCLUSIVE INC

**Current Principal Place of Business:**

5516 CLARCONA POINTE WAY #404  
ORLANDO, FL 32810

**Current Mailing Address:**

5516 CLARCONA POINTE WAY #404  
ORLANDO, FL 32810 US

**FEI Number:** 83-4379336

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLS, TRACEY R  
5516 CLARCONA POINTE WAY #404  
ORLANDO, FL 32810 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MILLS, RYAN N  
Address 5516 CLARCONA POINTE WAY #404  
City-State-Zip: ORLANDO FL 32810

Title PRESIDENT  
Name MILLS, TRACEY R  
Address 5516 CLARCONA POINTE WAY #404  
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR  
Name BULLARD, CLYDE  
Address 400 SE 3RD AVENUE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name MONCUR, PATRICK K  
Address 7048 CARNA COURT  
City-State-Zip: ORLANDO FL FL 32807

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACEY MILLS

**PRESIDENT**

**04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date