


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000072671 1. Entity Name R2D2, INC.	
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Principal Place of Business 2033 SEVEN OAKS COURT ORANGE PARK FL 32073	Mailing Address 2033 SEVEN OAKS COURT ORANGE PARK FL 32073
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent TILLEY, STEPHEN E 4206 BAYMEADOWS ROAD JACKSONVILLE FL 32217		7. Name and Address of New Registered Agent Name _____ Street Address (P. O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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4. FEI Number 59-3526780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	D HARBISON, DENNIS <input type="checkbox"/> Delete
NAME	2033 SEVEN OAKS COURT
STREET ADDRESS	ORANGE PARK FL 32073
CITY - ST - ZIP	
TITLE	D HARBISON, ROSANNE <input type="checkbox"/> Delete
NAME	2033 SEVEN OAKS COURT
STREET ADDRESS	ORANGE PARK FL 32073
CITY - ST - ZIP	
TITLE	D HARBISON, RYAN <input type="checkbox"/> Delete
NAME	2033 SEVEN OAKS COURT
STREET ADDRESS	ORANGE PARK FL 32073
CITY - ST - ZIP	
TITLE	D HARBISON, DARCI <input type="checkbox"/> Delete
NAME	2033 SEVEN OAKS COURT
STREET ADDRESS	ORANGE PARK FL 32073
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN0000289735
STREET ADDRESS	04/06/05-80038-002 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Dennis B. Harbison *President* Date: 4-1-05 Daytime Phone #: 904-269-2033