

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42629

Entity Name: RRP REALTY, INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

C/O OYSTER HOUSE RESTAURANT
901 COPELAND AVENUE
EVERGLADES CITY, FL 34139

New Principal Place of Business:

Current Mailing Address:

C/O OYSTER HOUSE RESTAURANT
P.O.BOX 367
EVERGLADES CITY, FL 34139

New Mailing Address:

FEI Number: 65-0343668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBERT A., JR.
5090 CORALWOOD DR
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

MILLER, ROBERT A., JR.
3897 SEVENTH AVENUE SW
NAPLES, FL 34117 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: _____ Date: 02/05/2008
Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MILLER, ROBERT A., J, R.
Address: 5090 CORALWOOD DR
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: MILLER, ROBERT A.,
Address: 9090 THE LANE
City-St-Zip: NAPLES, FL

Title: PD () Delete
Name: MILLER, PATRICIA,
Address: 9090 THE LANE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MILLER, ROBERT A., J, R.
Address: 3897 SEVENTH AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA MILLER PD 02/05/2008
Electronic Signature of Signing Officer or Director Date