2008 FOR PROFIT CORPORATION

Mar 20, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P99000077938** 03-20-2008 90025 005 ***150.00 1. Entity Name RYBOLT'S RESERVE DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1017 E. SOUTH ST. 1017 E. SOUTH ST. 50000121 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3001 Aloma Avenue 3001: Alomá. Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chg-P CR2E034 (12/06) Suite 106 Suite 106 City & State City & State 4. FEI Number Applied For Winter Park, FL 59-3600907 Winter Park, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32792 32792 Orange Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hill, Carey L HILL, CAREY L Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., STE 2180 ORLANDO, FL 32801 3001 Aloma Avenue. Suite 106 City Winter Park, Zip Code 32792 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVP TITLE ☐ Delete TITLE XX Change ☐ Addition Casey, Dennis J. NAME CASEY, DENNIS J NAME 443 Beloit Avenue 360 E. TROTTERS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Winter Park, FL 32789 TITLE **DST** ☐ Delete TITLE ☐ Change ☐ Addition NAME BOLEN, JAMES L NAME 2 ISLE OF SICILY STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE Change ■ Addition NAME HILL, CAREY L NAME 1921 HOFFNER AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΠŊΕ ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 regerver of the corporation or the regerver of the corporation or the regerver of the corporation of the corporation or the regerver of the corporation changed, or on an attachment with a ess, with all other like empowered.

CETY-ST-78

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Dennis J. Casey

President

407-622-7404 3/6/08

Daytime Phone #

FILED