

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90026 037 ***550.00

DOCUMENT # 114649

1. Entity Name
RESIDENT AGENTS CORPORATION OF FLORIDA



Principal Place of Business

6161 BLUE LAGOON DR
350
MIAMI, FL 33126

Mailing Address

C/O KIMBRELL - HAMANN P.A.
6161 BLUE LAGOON DR #350
MIAMI, FL 33126 US

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0032707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIMBRELL & HAMANN PA
6161 BLUE LAGOON DR
SUITE 350
MIAMI, FL 33126

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CROWDER, JAMES E J
6161 BLUE LAGOON DR
MIAMI, FL 33126

10/15/05

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, BRADFORD A
6161 BLUE LAGOON DRIVE, SUITE 350
MIAMI, FL 33126

SECRETARY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ASHER, JAMES F
6161 BLUE LAGOON DRIVE, SUITE 350
MIAMI, FL 33126

PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

in sole capacity as
PROF OF R.A. A Corp. *4/29/05* *305-358-8181*