

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 470445

FILED
Feb 15, 2008
Secretary of State

Entity Name: R. F. D. ASSOCIATES, INC.

Current Principal Place of Business:

11546 ANDY ROSSE LANE
CAPTIVA ISLAND, FL 33924

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1060
CAPTIVA ISLAND, FL 33924

New Mailing Address:

FEI Number: 59-1575679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYERON, VICTOR W.
11546 ANDY ROSSE LANE
CAPTIVA ISLAND, FL 33924 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MAYERON, THELMA
Address: 15210 PORTSIDE DR #104
City-St-Zip: FT MYERS, FL 33908

Title: T () Delete
Name: BIERI, ANDREAS
Address: 1449 CAUSEY COURT
City-St-Zip: SANIBEL, FL 33957

Title: S () Delete
Name: GODARD, STEPHANIE
Address: P O BOX 745
City-St-Zip: CAPTIVA, FL 33924

Title: P () Delete
Name: MAYERON, VICTOR
Address: 15839 SILVERADO COURT
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: VICTOR W. MAYERON

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02/15/2008

Electronic Signature of Signing Officer or Director

_____ Date