

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # 511691

1. Entity Name
R. V. MERCHANDISING, INC.



Principal Place of Business
6441 SAN CASA DRIVE
ENGLEWOOD, FL 34224

Mailing Address
6441 SAN CASA DRIVE
ENGLEWOOD, FL 34224



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1691646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINK, RALPH F
6441 SAN CASA DRIVE
ENGLEWOOD, FL 34224

**DO NOT WRITE
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-24-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000654197
03/13/07-80052-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SINK, RALPH F
STREET ADDRESS	357 DORCHESTER DRIVE
CITY - ST - ZIP	VENICE, FL 34293
TITLE	SEC
NAME	SINK, ANN
STREET ADDRESS	357 DORCHESTER DRIVE
CITY - ST - ZIP	VENICE, FL 34293
TITLE	MGR
NAME	THIER, JEFFREY J
STREET ADDRESS	21247 BERKSHIRE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-07