

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 542677

FILED
Jan 05, 2006
Secretary of State

Entity Name: R. V. WORLD, INC., OF NOKOMIS

Current Principal Place of Business:

2110 N. TAMIAMI TRAIL
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

2110 N. TAMIAMI TRAIL
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 59-1761500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERZENY, RUBEN
2110 N. TAMIAMI TRAIL
NOKOMIS, FL 33555 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: PTD () Delete
Name: GERZENY, RUBEN,
Address: 2110 N. TAMIAMI TRAIL
City-St-Zip: NOKOMIS FL,

Title: SVD () Delete
Name: GERZENY, BEVERLY,
Address: 2110 N. TAMIAMI TRAIL
City-St-Zip: NOKOMIS FL,

Title: VD () Delete
Name: DAVIDSON EDDIE,
Address: 2110 N TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL

Title: VD () Delete
Name: GERZENY MATTHEW,
Address: 2110 N TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL

Title: D () Delete
Name: GERZENY DAVID,
Address: 2110 N TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL

Title: D () Delete
Name: GERZENY STEVEN,
Address: 2110 N TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL

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:

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 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: EDDIE DAVIDSON

VD

01/05/2006

Electronic Signature of Signing Officer or Director

Date