

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90089 038 ***150.00

DOCUMENT # 586200

1. Entity Name
RESEARCH FLORIDA, INC.



Principal Place of Business

**101 NE THIRD AVENUE
1500
FORT LAUDERDALE, FL 33301 US**

Mailing Address

**P.O. BOX 816938
HOLLYWOOD, FL 33081 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1852312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, PAUL ESQ.
1 E BROWARD BLVD #1300
FT. LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
BEUTHIEN, GINNY.
409 WILLOWOOD PARKWAY
CHAPIN, SC 29036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**913 WILLOWOOD PARKWAY
CHAPIN, SC 29036** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DANKO, GERALD
913 WILLOWOOD PARKWAY
CHAPIN, SC 29036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

Ginny Beuthien, Ginny Beuthien

April 28, 2007

954 966-2156