

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT.**

FILED
May 21, 2007 8:00 am
Secretary of State

04-26-2007 90208 032 ****61.25

66015888



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2359780

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODD REALTY & MANAGEMENT INC
182 SO YONGE STREET
ORMOND BEACH, FL 32174

**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 title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25:
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICKARD, ROY
STREET ADDRESS	3390 OCEANSHORE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	STD
NAME	PALANGI, JUNE
STREET ADDRESS	3390 OCEANSHORE BLVD. #101
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VPD
NAME	FRENCH, JAMES
STREET ADDRESS	3390 OCEANSHORE BLVD #202
CITY-ST-ZIP	ORMOND BEACH, FL 32176
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 617, 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: June Palangi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-07

386-441-2917

Date

Daytime Phone