2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2012
Secretary of State

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Entity Name: RFD BEAUFORT INC.

Current Principal Place of Business:

1420 WOLF CREEK TRAIL
SHARON CENTER, OH 44274

New Principal Place of Business:

Current Mailing Address:

215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 22-3443636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADER, SHAWN
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: CCEO
Name: BAXTER, DOUG
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: DP
Name: ABBOTT, D.J.
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: DVT
Name: CHUNAT, G.W.
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: D
Name: WILMAN, D.J.
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: D
Name: STRINGER, BRIAN
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: D
Name: MCCHESNEY, W.S.
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

I hereby 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 all other like empowered.

SIGNATURE: D.J. ABBOTT PRES 03/16/2012

Electronic Signature of Signing Officer or Director Date