


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90231 017 ***150.00

DOCUMENT # G80210 1. Entity Name THE REGENCY ORGANIZATION, INC.					
Principal Place of Business 3030 N. ROCKY POINT DRIVE WEST, SUITE 350 TAMPA, FL 33607 US			Mailing Address 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2367217	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD NICHOLSON, LARRY T <input type="checkbox"/> Delete 3030 N. ROCKY POINT DRIVE WEST, SUITE 350 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nicholson, Larry T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24025 Park Sorrento, Suite 400 Calabasas, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, WILLIAM <input checked="" type="checkbox"/> Delete 255 PINE AVENUE NORTH OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fontana, Joseph M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 255 Pine Avenue North Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GECKLE, TIMOTHY J <input type="checkbox"/> Delete 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Boss, Keith E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3030 N. Rocky Point Drive West, Suite 350 Tampa, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MENTCH, RENE L <input type="checkbox"/> Delete 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Riordan, Andrea L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24025 Park Sorrento, Suite 400 Calabasas, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKHAM, SHERI L <input type="checkbox"/> Delete 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Nelson, Kim <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24025 Park Sorrento, Suite 400 Calabasas, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILNE, GORDON A <input type="checkbox"/> Delete 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kevin J. Wright</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4:30:08 6/8/2008 7538 <small>Date Daytime Phone #</small>		