2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H11977

1. Entity Name
RDC REAL ESTATE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7700 SQUARE LAKE BLVD JACKSONVILLE, FL 32256	7700 SQUARE LAKE BLVD JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

02142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2418542	Not Applicable

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

6. Name and Address of Current Registered Agent

COPPENBARGER, RONNIE D.
7700 SQUARE LAKE BLVD
JACKSONVILLE, FL 32256

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	COPPENBARGER, RONNIE D.
STREET ADDRESS	7920 VINEYARD LAKE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VD
NAME	JACKSON, WOLFE W. JR.
STREET ADDRESS	308 S. CHECKERBERRY WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VSTD
NAME	STEPHENS, IDA-LOU
STREET ADDRESS	9630 HISTORIC KINGS RD S
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _~~Ronnie D Coppenbarger~~_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #