

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # H63849

1. Entity Name
RINK DESIGN PARTNERSHIP, INC.



Principal Place of Business
**1301 RIVERPLACE BLVD.
SUITE 500
JACKSONVILLE, FL 32207 US**

Mailing Address
**1301 RIVERPLACE BLVD.
SUITE 500
JACKSONVILLE, FL 32207 US**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2584959

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARLOW, STACEY
1301 RIVERPLACE BLVD., STE. 500
JACKSONVILLE, FL 32207**

**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 **STACEY A. MARLOW**

Signature, typed or printed name of registered agent and title if applicable.

Stacey Marlow

(NOTE: Registered Agent signature required when reinstating)

FEBRUARY 1, 2007

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**

000000623262
02/13/07-80059-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	DASHER, J. GLENN
STREET ADDRESS	1301 RIVER PL BLVD. STE. 500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	S
NAME	WILSON, LARRY
STREET ADDRESS	1301 RIVER PL BLVD. STE. 500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	P
NAME	REYNOLDS, THOMAS W JR
STREET ADDRESS	1301 RIVER PL BLVD. STE. 500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	DIAMOND, JOHN J
STREET ADDRESS	1301 RIVER PLACE BLVD. STE. 500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	WILLIS, WILLIAM L
STREET ADDRESS	1301 RIVERPLACE BLVD STE 500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	DAVISSON, CRAIG D
STREET ADDRESS	1301 RIVERPLACE BLVD STE 500
CITY-ST-ZIP	JACKSONVILLE, FL 32207

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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 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: **THOMAS W. REYNOLDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2007

Date

904-396-6553

Daytime Phone #