


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J74621**  
 1. Entity Name  
**RFG GENERAL CONTRACTORS, INC.**



Principal Place of Business  
**11900 SE SHELL AVE**  
**HOBE SOUND, FL 33455-3409 US**

Mailing Address  
**11900 S. E. SHELL AVENUE**  
**HOBE SOUND, FL 33455-3409 US**

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2810987** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GLADWIN, RANSOM F., III**  
**11900 S.E. SHELL AVENUE**  
**HOBE SOUND, FL 33455**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLADWIN, RANSOM F., III 11900 S. E. SHELL AVENUE HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADWIN, ROSALYN R. 5373 POINT LANE EAST JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/09/06-80031-023 158.75

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:** \_\_\_\_\_ **2/5/06** **772-546-1500**

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