

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001537

FILED
Mar 12, 2009
Secretary of State

Entity Name: RV HOLDING CO., INC.

Current Principal Place of Business:

1800 SOUTH AUSTRALIAN AVENUE
SUITE 205
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

1800 SOUTH AUSTRALIAN AVENUE
SUITE 205
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0745170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAILE, SHAW, & PFAFFENBERGER, PA
660 U.S. HWY. ONE, STE. 300
3RD FLOOR
NORTH PALM BEACH, FL 33408 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: PD () Delete
Name: ARMBRUST, LEO F REV.
Address: 1800 SOUTH AUSTRALIAN AVE - STE. 205
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD () Delete
Name: BEVACQUA, CHARLES
Address: 1800 SOUTH AUSTRALIAN AVE -STE. 205
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: SD (X) Delete
Name: NUGENT, IRVINE
Address: 1800 SOUTH AUSTRALIAN AVE -STE .205
City-St-Zip: WEST PALM BEACH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: NUGENT, IRVINE
Address: 1800 SOUTH AUSTRALIAN AVE -STE. 205
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVINE NUGENT

MR.

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date