

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90041 042 ***150.00

DOCUMENT # P00000022637

1. Entity Name

RG ASSOCIATES OF NORTH FLORIDA, INC.



Principal Place of Business

4745 SUTTON PARK CT.
STE. 202
JACKSONVILLE FL 32224

Mailing Address

4745 SUTTON PARK CT.
STE. 202
JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3631080
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABTREE, R.R.
8375 DIX ELLIS TRAIL, STE. 401
JACKSONVILLE FL 32256

Name

William R. Giles, Jr.

Street Address (P.O. Box Number is Not Acceptable)

4745 Sutton Park Ct, #202

City

Jacksonville

FL

Zip Code

32224

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

2/1/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete
NAME GILES, WILLIAM R JR.
STREET ADDRESS 13500 SUTTON PARK DRIVE, SOUTH, STE. 803
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☒ Change ☐ Addition
NAME Giles, William R., Jr.
STREET ADDRESS 4745 Sutton Park Ct #202
CITY-ST-ZIP Jacksonville, FL 32224

TITLE VD ☒ Delete
NAME GILES, WILLIAM R JR.
STREET ADDRESS 13500 SUTTON PARK DRIVE, SOUTH, STE. 803
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 904-992-6000

Date

Daytime Phone #