

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 010 ***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 - No P.O. Box #

9191 Rg Skinner
#502

3. Mailing Address

Same
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Jax FL
32256 Duval

City & State

Zip Country

4. FEI Number 59-3631080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILES JR, WILLIAM R
~~4745 SUTTON PARK CT STE 202~~
~~JACKSONVILLE FL 32224~~

7. Name and Address of New Registered Agent

Name Same

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

City

FL

Zip Code

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

4/3/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE PST
NAME GILES, WILLIAM R JR. ☐ Delete
STREET ADDRESS ~~4745 SUTTON PARK CT STE 202~~
CITY - ST - ZIP JACKSONVILLE FL 32224

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 9191 Rg Skinner pkwy ☐ Change ☐ Addition
STREET ADDRESS #502 Address
CITY - ST - ZIP Jax, FL 32256

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

TITLE
NAME ☐ Change ☐ Addition
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CITY - ST - ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/07 904-821-5380