

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90071 035 ***150.00

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1. Entity Name
R & R JOINT PROPERTIES, INC.



Principal Place of Business
700 ALMOND ST.
CLERMONT, FL 34711

Mailing Address
BOX 120355
CLERMONT, FL 34712



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3572275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANGLEY, RICHARD H
700 ALMOND ST.
CLERMONT, FL 34711

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOYATT, ROBERT
STREET ADDRESS	201 SEMINOLE ST.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	LANGLEY, R B
STREET ADDRESS	11102 C.R. 561-A
CITY-ST-ZIP	CLERMONT, FL 34712
TITLE	P
NAME	LANGLEY, R B
STREET ADDRESS	11102 C.R.561-A
CITY-ST-ZIP	CLERMONT, FL 34712
TITLE	Boyatt, Robert Vice President
NAME	201 Seminole Street
STREET ADDRESS	Clermont FL 34711
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

RB Langley

2/15/05

Date

407654 8801

Daytime Phone #