

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90179 001 ***150.00

DOCUMENT # P00000028981	
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
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2. Principal Place of Business - No P.O. Box # 16405 W. COLONIAL DRIVE	3. Mailing Address Suite, Apt. #, etc.
City & State OAKLAND, FL	City & State
Zip 34787	Country USA

40060150



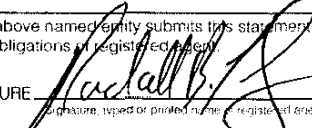
04112007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3572275	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANGLEY, RICHARD H 700 ALMOND ST. CLERMONT, FL 34711	
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7. Name and Address of New Registered Agent	
Name RANDALL B. LANGLEY	
Street Address (P.O. Box Number is Not Acceptable) 16405 W. COLONIAL DRIVE	
City OAKLAND	FL Zip Code 34787

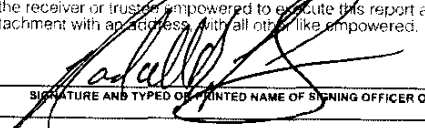
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.		
SIGNATURE 	RANDALL B. LANGLEY, PRESIDENT	DATE 4-11-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOYATT, ROBERT 201 SEMINOLE ST. CLERMONT, FL 34711 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGLEY, R B 11102 C.R. 561-A CLERMONT, FL 34712 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANGLEY, R B 11102 C.R. 561-A CLERMONT, FL 34712 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: 	DATE 4-11-07	DAYTIME PHONE (407) 654-8075
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