2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083048

Entity Name: FLORIDA RV, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5838 RICKER ROAD SUITE 100

JACKSONVILLE, FL 322441605

Current Mailing Address: New Mailing Address:

5838 RICKER ROAD SUITE 100

JACKSONVILLE, FL 322441605

FEI Number: 59-3671383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDERSON, KAREN G
5838 RICKER RD
JACKSONVILLE, FL 322441605 US
TILLEY, STEPHEN E
4465 BAYMEADOWS ROAD
SUITE 3

JACKSONVILLE, FL 32217 US

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: STEPHEN E TILLEY 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O () Delete Title: PRES (X) Change () Addition

Name:HENDERSON, KAREN GName:HENDERSON, KAREN GAddress:5838 RICKER ROADAddress:5838 RICKER ROAD

City-St-Zip: JACKSONVILLE, FL 322441605 US City-St-Zip: JACKSONVILLE, FL 322441605 US

Title: D () Delete Title: () Change () Addition
Name: KETCHIE. DARLA W Name:

Address: 5838 RICKER RD Address: City-St-Zip: JACKSONVILLE, FL 32244 US City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition
Name: KETCHIE, JAMES S Name: HENDERSON, CRYSTAL L
Address: 5838 RICKER ROAD Address: 5838 RICKER ROAD

City-St-Zip: JACKSONVILLE, FL 322441605 US City-St-Zip: JACKSONVILLE, FL 322441605 US

Title: () Delete Title: D () Change (X) Addition Name: Name: DOMINGO, PAMELA L Address: Address: 5323 MANNING CEMETARY RD

Address: Address: 5323 MANNING CEMETARY RD City-St-Zip: JACKSONVILLE, FL 32234 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN G HENDERSON PRES 04/30/2008