2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083048

Entity Name: FLORIDA RV, INC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5838 RICKER ROAD SUITE 100 JACKSONVILLE, FL 322441605 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition HENDERSON, KAREN G Name: Name: 5838 RICKER ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 322441605 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: KETCHIE. DARLA W Name: 5838 RICKER RD Address: Address: JACKSONVILLE, FL 32244 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition HENDERSON, CRYSTAL L Name: Name: 5838 RICKER ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 322441605 US City-St-Zip: Title: () Delete Title: () Change () Addition DOMINGO, PAMELA L Name: Name: Address: 5323 MANNING CEMETARY RD Address: City-St-Zip: JACKSONVILLE, FL 32234 US City-St-Zip:

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 04/14/2009