

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000094606

1. Entity Name
REGIONAL DEVELOPMENT OF SOUTH CAROLINA, INC.



Principal Place of Business
**5511 HANSEL AVE
ORLANDO, FL 32809**

Mailing Address
**5511 HANSEL AVE
ORLANDO, FL 32809**



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3612162

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOOKE, DOUGLAS P
5511 HANSEL AVE
ORLANDO, FL 32809**

**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	PD
NAME	HOOKE, DOUGLAS
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D
NAME	HOOKE, MARCUS
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D
NAME	JONES, STANLEY R
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D
NAME	JONES, CONSTANCE A
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000277354
03/26/05-P0026-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Constance A Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05 407/851-1519
Date Daytime Phone #