

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000108501

1. Entity Name
RD FLORIDA DEVELOPMENTS, INC.



Principal Place of Business
6600 LAKE SHORE DRIVE
MARGATE, FL 33063

Mailing Address
6600 LAKE SHORE DRIVE
MARGATE, FL 33063



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1068159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEWITT, RICHARD
6600 LAKE SHORE DRIVE
MARGATE, FL 33063

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVT
NAME DEWITT, RICHARD
STREET ADDRESS 6600 LAKE SHORE DRIVE
CITY-ST-ZIP MARGATE, FL 33063

TITLE D
NAME DEWITT, RICHARD
STREET ADDRESS 6600 LAKE SHORE DRIVE
CITY-ST-ZIP MARGATE, FL 33063

TITLE S
NAME DEWITT, SALLY
STREET ADDRESS 6600 LAKE SHORE DRIVE
CITY-ST-ZIP MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000606300
01/30/07-80073-018 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD DEWITT

1/24/07

Date

954-946-4600

Daytime Phone #