

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000018529

1. Entity Name
R&D VILLAS, INC.



Principal Place of Business
**14895 BELLEZZA LANE
NAPLES, FL 34110**

Mailing Address
**14895 BELLEZZA LANE
NAPLES, FL 34110**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3706814

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRABINSKI, MATTHEW L ESQ
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTS RUBINTON, JON 14895 BELLEZZA LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHRISTENSEN, ROSS 847 WEST 4TH STREET WATERLOO, IA 50702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JONES, BRAD 2108 MANHATTAN BLVD. SPIRIT LAKE, IA 51360
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

2/5/08 239-592-0134