

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000035328**

1. Entity Name  
PRG DEVELOPMENTS, INC.



Principal Place of Business  
10739 DEERWOOD PARK BLVD  
SUITE 103  
JACKSONVILLE, FL 32256

Mailing Address  
10739 DEERWOOD PARK BLVD  
SUITE 103  
JACKSONVILLE, FL 32256



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3755060

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RAX CO  
50 NORTH LAURA STREET SUITE 3300  
JACKSONVILLE, FL 32202

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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 P  
NAME MONTGOMERY, LADSON  
STREET ADDRESS 10739 DEERWOOD PARK BLVD., SUITE 103  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP  
NAME SEBESTA, JIM  
STREET ADDRESS 10739 DEERWOOD PARK BLVD., SUITE 103  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE P  
NAME RICHARDSON, JOHN  
STREET ADDRESS 10739 DEERWOOD PARK BLVD., SUITE 103  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP  
NAME GIBSON, FORREST  
STREET ADDRESS 10739 DEERWOOD PARK BLVD., STE. 103  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000678174  
04/02/07-80022-018 150.00

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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

3/23/07

Date

Daytime Phone # \_\_\_\_\_