

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000053787	
1. Entity Name R.G.S. PROPERTIES, INC.	
Principal Place of Business 4410 AIRPORT RD. PLANT CITY, FL 33567	Mailing Address 4410 AIRPORT RD. PLANT CITY, FL 33567



07062006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3722599	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWILLEY, RONALD 4410 AIRPORT RD. PLANT CITY, FL 33567
--

**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 fee if applicable.

(NOTE: Registered Agent signature required upon remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWILLEY, RONALD 4410 AIRPORT RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMBOS, GEORGE 2604 HERNDON ST. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000571623
07/21/06-80003-021 150.00**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 reports 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/DIRECTOR

DATE

Daytime Phone