

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000062210**

1. Entity Name  
RF'S PLACE, INC.



Principal Place of Business  
50 EAST SAMPLE ROAD  
SUITE 400  
POMPAÑO BEACH, FL 33064

Mailing Address  
50 EAST SAMPLE ROAD  
SUITE 400  
POMPAÑO BEACH, FL 33064



04042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1118323

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

SCHEER, DANA M  
50 E SAMPLE ROAD  
SUITE 400  
POMPAÑO BEACH, FL 33064

**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

U00000934738  
05/23/08-80044-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FLORESCUE, BARRY
STREET ADDRESS	50 EAST SAMPLE ROAD #400
CITY- ST- ZIP	POMPAÑO BEACH, FL 33064
TITLE	V
NAME	SCHEER, DANA M
STREET ADDRESS	50 EAST SAMPLE ROAD #400
CITY- ST- ZIP	POMPAÑO BEACH, FL 33064
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

4/24/08  
Date

954 794-3031  
Daytime Phone #