

3802

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000096073 1. Entity Name RG EDGAR, INC.	
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Principal Place of Business
4701 REECE RD.
PLANT CITY, FL 33566

Mailing Address
P.O. BOX 1227
PLANT CITY, FL 33564



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3747983	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDGAR, ROY G
4701 REECE RD.
PLANT CITY, FL 33566

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000892668
04/23/08-80058-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDGAR, ROY G
STREET ADDRESS	4701 REECE RD.
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	WHITE, CLIFTON B JR.
STREET ADDRESS	4701 REECE RD.
CITY-ST-ZIP	PLANT CITY, FL 33566
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

CLIFTON B. WHITE

Date

4/9/08

Daytime Phone #

813-752-2275