


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 014 ***150.00

DOCUMENT # P01000102120					
1. Entity Name RDFAH, INC.					
Principal Place of Business 5 INDIAN MOUND DRIVE SAINT AUGUSTINE, FL 32084			Mailing Address 5 INDIAN MOUND DRIVE SAINT AUGUSTINE, FL 32084		
2. Principal Place of Business 3289 Kings Road South Suite, Apt. #, etc.		3. Mailing Address 3289 Kings Road South Suite, Apt. #, etc.			
City & State St Augustine, Fl		City & State St Augustine, Fl		4. FEI Number 59-3750890	
Zip 32086		Country St Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA ST. ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME DAVIS, RICHARD J STREET ADDRESS 5 INDIAN MOUND DRIVE CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE PTD NAME Richard J Davis STREET ADDRESS 3289 Kings Road South CITY-ST-ZIP St Augustine, Fl 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME DAVIS, DEBORAH STREET ADDRESS 5 INDIAN MOUND DRIVE CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE VSD NAME Deborah Davis STREET ADDRESS 3289 Kings Road CITY-ST-ZIP St. Augustine, Fl 32086	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Richard J Davis, Pres.</i> Richard Davis, Pres. 3-8-06 (904) 669-9198					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					