

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048097

Entity Name: RKD PROPERTIES, INC.

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

3603 W. DALE AVENUE  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 320746  
TAMPA, FL 33609 US

## New Mailing Address:

PO BOX 320746  
TAMPA, FL 33679 US

FEI Number: 04-3658317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKLAND, KATHLEEN  
3603 W. DALE AVENUE  
TAMPA, FL 33609

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STRICKLAND, KATHLEEN  
Address: 3603 W. DALE AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: FORD, REGINALD  
Address: 3603 W. DALE AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: MACON, DAMIEN J  
Address: 5927 MALLARD DRIVE  
City-St-Zip: CHARLOTTE, NC 28227

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MACON, DAMIEN J  
Address: 3716 W. BAY AVE  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMIEN J. MACON

D

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date