

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000092921

1. Entity Name
RVA MANAGEMENT, INC.



Principal Place of Business
1515 SOUTH FEDERAL HWY., STE. 306
BOCA RATON, FL 33432

Mailing Address
1515 SOUTH FEDERAL HWY., STE. 306
BOCA RATON, FL 33432



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1692188

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

GILLESPIE, R. BOWEN III
1515 SOUTH FEDERAL HWY., STE. 306
BOCA RATON, FL 33432

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAYE, ALLAN
STREET ADDRESS	1700 N.W. 64TH ST., STE. 300
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D
NAME	ALLISON, DONALD M
STREET ADDRESS	1515 SOUTH FEDERAL HWY., STE. 306
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	GILLESPIE, BOWEN R
STREET ADDRESS	1515 SOUTH FEDERAL HWY #306
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/05-80058-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-11-05

Date

561-368-5758

Daytime Phone #

R. BOWEN GILLESPIE