2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # P03000102954 1. Entity Name R.P.D. GOLF INC.						4-16-2007 90	329 034 ***1:	50.00
Principal Place of Busines 153 NAUTICA MILE DR GLERMONT, FL 3471 4 3 5 2 Gutter L accounts 2. Principal Place of Busines	Law Creek Trail	Mailing Address 153 NAUTICA MILE DR CLERMONT, FL 3471 4352 and Leaburg 3. Mailing Address	ieta F	m (reskt) 1.34748	ر السلال السلال			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112007	Chg-P	CR2E034 (12	/06)	
City & State		City & State			4. FEI Number 26-0071			Applied For Not Applicable
Zip	Country	Zip	ip Country		5. Certificate of	of Status Desired		5 Additional equired
6. Name	e and Address of Current Re	gistered Agent		News	7. Name and	Address of New R	egistered Agent	
DENNIS, FRANK R	Name							
453 NAUTICA CLERMONT, FL 34711				Street Address (P.O. Box Number is Not Acceptable)				
4352 an	MEDICAL COLOR			City				Code
Lesburg, 51. 34748							FL	
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								
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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/C	HANGES TO OFF	ICERS AND DIREC	CTORS IN 11
TITLE NAME DENNIS, FRANK R STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 Delete TITLE Delete TITLE Delete TITLE Delete TITLE TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete							☐ Ch	ange 🗍 Addition
NAME DELIVERS, CONNIE MY 4352 QUIENTANDER LANGER							ange [] Addition	
	ONT, FL 34711 Lace	mg, F1.3474		-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					□ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Ch	ange 🔲 Addition
TITLE NAME STREET ACORESS CITY-ST-ZIP		☐ Đelete				-	. Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					□ Ch	ange [] Addition
t .								

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:

MATTIDE AND TYPED OR BOINTED NAME OF SKRINING OFFICE OR DIE

FRANK R. DENNIS

4.14.07

4073733607

Date

Daytime Phone #