04/26/2005 04:57 9543459903 RICHAR

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May 03, 2005 8:00 am
Secretary of State
05-03-2005 90093 035 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134536

1. Entity Name
RFC HOMES, INC.

900780bb

Principal Place of Business	Mailing Address
307 NW TREELINE TRACE PORT SAINT LUCIE FL 34986	307 NW TREELINE TRACE PORT SAINT LUCIE, FL 34986

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0431379
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CENTORE, ROBERT
307 TREELINE TRACE
PORT SAINT LUCIE, FL 34986

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	CENTORE, ROBERT
STREET ADDRESS	~~307 SAINT LUCIE AVENUE~~ 2337 Seafory LANE
CITY-ST-ZIP	PORT ST. LUCIE, FL ~~34986944~~ 34952
TITLE	V
NAME	CENTORE, ANTHONY
STREET ADDRESS	307 TREELINE TRACE,
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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 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: Anthony N Centore ANTHONY N CENTORE 4/26/05 7725289788
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #