


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90291 012 ***158.75

DOCUMENT # P03000140400	
1. Entity Name RKR REAL ESTATE INC.	

Principal Place of Business 137 FLORIDA PARK DR N PALM COAST, FL 32137 US	Mailing Address PO BOX 352586 PALM COAST, FL 32135 US
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40087565



2. Principal Place of Business 1504 OLD MOODY BLVD Suite, Apt. #, etc. #629	3. Mailing Address P.O. Box 352586 Suite, Apt. #, etc.
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04192006 Chg-P CR2E034 (11/05)

City & State Bunnell FL	City & State Palm Coast FL
Zip 32110	Zip 32135
Country USA	Country USA

4. FEI Number 20-0462360	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVERA, RONALD K 137 FLORIDA PARK DR N PALM COAST, FL 32137	
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7. Name and Address of New Registered Agent Name: Rivera Ronald K. Street Address (P.O. Box Number is Not Acceptable): 144 Joyelle Circle City: Daytona Beach FL Zip Code: 32124	
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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: <i>Ronald K. Rivera</i> DATE: 26 Apr 06 <small>Signature, typed or printed name of registered agent; and the latter is applicable. (NOTE: Registered Agent signature required when remaining)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, ADRENE 137 FLORIDA PARK DR N PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rivera Adrene 144 Joyelle Circle Daytona Beach FL 32124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, RONALD K 137 FLORIDA PARK DR N PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rivera Ronald K. 144 Joyelle Circle Daytona Beach FL 32124 <input checked="" 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
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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>Ronald K. Rivera</i> DATE: 26 April 06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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