


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000156630</b> 1. Entity Name RDV HOMES CORP.	
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Principal Place of Business 5213 HAMMOCK POINTE CT. ST. CLOUD, FL 34771	Mailing Address 5213 HAMMOCK POINTE CT. ST. CLOUD, FL 34771
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

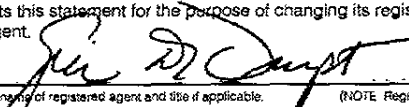
4. FEI Number 20-0515855	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

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: 7/2/07

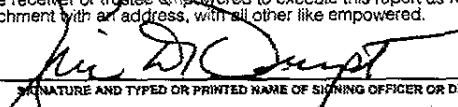
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DE VUYST, ERIC 5213 HAMMOCK POINTE CT. ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  DATE: 7/2/07 DAYTIME PHONE #: 321-287-6988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U00000768138  
07/11/07-00002-016 150.00

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