FILED Mar 29, 2006 8:00 am Secretary of State

ANNUAL REPORT	R
DOCUMENT # P04000012521	

1. Entity Nam	DOCUMENT # P04000012521 Entity Name R.V. PRODUCTS OF FLORIDA, INC.						03-29-2006 90117 014 ***150.00					
Principal Plac 7191 CARLSI ENGLEWOOD	BAD TERRA	CE	Mailing Address 7191 CARLSBAD TERRACE ENGLEWOOD, FL 34224			•	LIEBIJES		ili Refet Mate	H ar i G iri z M ar i II	11 111 15 41 41 41 1	
2. Principal P	lace of Busin	ness and Way	3. Mailing Address 105 Garland Way									
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.			03222006	Chg-P	CR2E	034 (11/05)			
Roton		est, FL	Rotonda West, FL				4. FEI Numb			-	pplied For at Applicable	
Zip 3394		Chailotte	Zip 33947	C h	مد لوم	اح	5. Certificate	e of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current F	legistered Agent		Nama			Address of New F		Agent		
FLISCHEL 7191 CARI ENGLEWO		Street Address (Schel Raymond W. (P.O. Box Number is Not Acceptable) Garland Way							
					City 🔏	aton	da We	sł	FI	Zip Cod	ጜ ፞፞፞፞፞፞፞፞፞፞፞፞፞፞ጜ	
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, typeo	or printed having of registered agent ar	nd title if applicable. (NOT!	E: Registered	i Agent signat.	ne required	when reinstating)		DATE			
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campa Trust Fund Cont	_	cing		.00 May Be ed to Fees	,				
10.	,	OFFICERS AND D	DIRECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11	
TITLE NAME	i	L, RAYMOND W	☐ Delete	TITLE NAMI	E	Fli	schel, R	eymone w	,	Z Change	Addition	
STREET ADDRESS CITY-ST-ZIP					et address -st-zip			nne Way Nest, FL		147		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	GREG J RLSBAD TERRACE /OOD, FL 34224	☐ Delete			767	pa, Gre 1 Broo	Rhaven T	2//40	Change	☐ Addition	
TITLE	ENGLEV	100B,1E 04224	Delete	TITLE		274	31ewood	- , FL	342	□ Change	Addition	
NAME STREET ADDRESS CITY+ST-ZIP					E Et address - St - Zip		e.			·		
TITLE NAME			☐ Delete	TITLE		`			,	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	et address -St-Zip							
TITLE NAME			☐ Delete	TITLE			•			☐ Change	☐ Addition	
STREET ADDRESS (et address -st-zip							
TITLE NAME			☐ Delete	TITLE				<u> </u>		☐ Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP				STRE	t et address -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: 3/37/01 941-475-7937 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Description of the control of t												