

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90270 006 ***150.00

DOCUMENT # P04000095018

1. Entity Name
RD FLORIDA NO. 1, INC.



Principal Place of Business
401 CITY LINE AVE STE 710
BALA CYNWYD, PA 19004

Mailing Address
401 CITY LINE AVE STE 710
BALA CYNWYD, PA 19004

50005721



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1611940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Matthews + Hawkins, P.A.

Street Address (P.O. Box Number is Not Acceptable)
Attn: Robert A. Gilmore

4475 Legendary Drive

City Destin

FL

Zip Code 32541

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, 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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D/P ☐ Delete
NAME DILSHEIMER, RICHARD H
STREET ADDRESS 401 CITY LINE AVENUE SUITE 710
CITY-ST-ZIP BALA CYNWYD, PA 19004

TITLE VP/S ☐ Delete
NAME DILSHEIMER, ROBERT
STREET ADDRESS 401 CITY LINE AVENUE SUITE 710
CITY-ST-ZIP BALA CYNWYD, PA 19004

TITLE VPAS ☐ Delete
NAME DILSHEIMER, THOMAS S
STREET ADDRESS 401 CITY LINE AVENUE SUITE 710
CITY-ST-ZIP BALA CYNWYD, PA 19004

TITLE T ☐ Delete
NAME JOHNSON, MAURY
STREET ADDRESS 401 CITY LINE AVENUE SUITE 710
CITY-ST-ZIP BALA CYNWYD, PA 19004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard H. Dilsheimer, Director

Date

610-617-9700
Daytime Phone #