


FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90190 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153010

1. Entity Name
 RD FLORIDA NO. 4, INC.



40023942

Principal Place of Business 401 CITY LINE AVENUE SUITE 710 BALA CYNWYD, PA 19004		Mailing Address 401 CITY LINE AVENUE SUITE 710 BALA CYNWYD, PA 19004	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

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 state if applicable. (NOTE: Registered Agent signature required when reissuing)

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	D/P	<input type="checkbox"/> Delete
NAME	Richard H. Dilsheimer	
STREET ADDRESS	401 City Line Avenue, Suite 710	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	VP/IS	<input type="checkbox"/> Delete
NAME	Robert A. Dilsheimer	
STREET ADDRESS	401 City Line Avenue, Suite 710	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	VP/Assistant Sec.	<input type="checkbox"/> Delete
NAME	Thomas S. Dilsheimer	
STREET ADDRESS	401 City Line Avenue, Suite 710	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	T	<input type="checkbox"/> Delete
NAME	Marry Johnson	
STREET ADDRESS	401 City Line Avenue, Suite 710	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Richard H. Dilsheimer Richard H. Dilsheimer, President 2-22-05 610 661 9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #