

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-27-2006 90270 005 \*\*\*150.00

50005722



**DOCUMENT # P04000153010**  
 1. Entity Name  
 RD FLORIDA NO. 4, INC.



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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number  
 20-1890766  
 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 STREET  
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent  
 Name: Matthews + Hawkins, P.A.  
 Street Address (P.O. Box Number is Not Acceptable): 4475 Legendary Drive  
 Attn: Robert A. Gilmore  
 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]* 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILSHEIMER, RICHARD H			NAME			
STREET ADDRESS	401 CITY LINE AVENUE, SUITE 710			STREET ADDRESS			
CITY-ST-ZIP	BALA CYNWYD, PA 19004			CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILSHEIMER, ROBERT A			NAME			
STREET ADDRESS	401 CITY LINE AVENUE, SUITE 710			STREET ADDRESS			
CITY-ST-ZIP	BALA CYNWYD, PA 19004			CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILSHEIMER, THOMAS S			NAME			
STREET ADDRESS	401 CITY LINE AVENUE, SUITE 710			STREET ADDRESS			
CITY-ST-ZIP	BALA CYNWYD, PA 19004			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, MARY			NAME			
STREET ADDRESS	401 CITY LINE AVENUE, SUITE 710			STREET ADDRESS			
CITY-ST-ZIP	BALA CYNWYD, PA 19004			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* Richard H. Dilsheimer, Director DATE: 6/10-6/17-9700