

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90270 004 ***150.00

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01032006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000003877
 1. Entity Name
 RD FLORIDA NO. 5, INC.



Principal Place of Business: 401 CITY AVE SUITE 710, BALA CYNWYD, PA 19004
 Mailing Address: 401 CITY AVE SUITE 710, BALA CYNWYD, PA 19004

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: 20-2129061
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GILMORE, ROBERT A
 4475 LEGENDARY DR
 DESTIN, FL 32541

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	Richard H. Dilsheimer	
STREET ADDRESS	401 City Ave., Suite 710	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	VP/IS	<input type="checkbox"/> Delete
NAME	Robert A. Dilsheimer	
STREET ADDRESS	401 City Ave., Suite 710	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	VPI Assistant Sec.	<input type="checkbox"/> Delete
NAME	Thomas S. Dilsheimer	
STREET ADDRESS	401 City Ave., Suite 710	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	T	<input type="checkbox"/> Delete
NAME	Mary Johnson	
STREET ADDRESS	401 City Ave., Suite 710	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: Richard H. Dilsheimer, Director Date: _____ Daytime Phone: 610-619-9700