## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000003877

JOHNSON, MAURY

401 CITY AVE. STE 710

BALA CYNWYD, PA 19004

Name:

Address:

City-St-Zip:

FILED Feb 07, 2007 Secretary of State

Entity Name: RD FLORIDA NO. 5, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	AVE SUITE 710 IWYD, PA 190				
Current Mailing Address:			New Mailing Address:		
	AVE SUITE 710 IWYD, PA 190				
FEI Number:	20-2127061	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GILMORE, ROBERT A 4475 LEGENDARY DR DESTIN, FL 32541 US				MATTHEWS, DANA C 4475 LEGENDARY DR DESTIN, FL 32541 US	
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: DANA C. MATTHEWS				02/07/2007	
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ) DISHEIMER, R 401 CITY AVE. BALA CYNWYI	STE. 710	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPS ( ) DILSHEIMER, I 401 CITY AVE/ BALA CYNWYI	STE 710	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPAS ( ) DILSHEIMER, 401 CITY AVE. BALA CYNWYI	STE. 710	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	т (	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD H. DILSHEIMER D/P 02/07/2007