2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 13, 2008 08:00 AN DOCUMENT # P05000012977 **Secretary of State** 1. Entity Name RP LAND COMPANY Principal Place of Business Mailing Address 300 E. NEW HAVEN AVENUE 300 E. NEW HAVEN AVENUE MELBOURNE, FL 32901 MELBOURNE, FL 32901 CR2E034 (11/05) 01312008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2229852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PENCE, ROY J 300 E. NEW HAVEN AVENUE MELBOURNE, FL 32901 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE PENCE, ROY J NAME STREET ADDRESS 300 E. NEW HAVEN AVENUE . 000000856358 . 03/28/08-80008-025 150 00 CITY-ST-ZIP MELBOURNE, FL 32901 TITLE NAME {03/28/08-80008+025_/150{00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy J. Pence

3/1/08