## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

- Ummell

SIGNATURE:

## 04-20-2006 90210 011 \*\*\*150.00 DOCUMENT # P05000085836 1. Entity Name R-F TITLE, INC. 66015242 Mailing Address Principal Place of Business 240 PONTE VEDRA PARK DRIVE 240 PONTE VEDRA PARK DRIVE SUITE 150 SUITE 150 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. Chg-P : CR2E034 (11/05) 04182006 4. FEI Number 20 - 300 4330 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REZNICSEK, RICK Street Address (P.O. Box Number is Not Acceptable) 240 PONTE VEDRA PARK DRIVE **SUITE 150** PONTE VEDRA BEACH, FL. 32082 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 or regularise agent and title it applicable. (NOTE: Registered Agent signature requires when remainting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change ☐ Addition TITLE REZNICSEK, RICK NAME NAME 240 PONTE VEDRA PARK DRIVE, SUITE 150 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Change ■ Addition TITLE ☐ Detete FRASER, THOMAS J JR. NAME NAME STREET ADDRESS 240 PONTE VEDRA PARK DRIVE, SUITE 150 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP DIVP Change **⊠** Addition Delete TITLE TITL S NAME Hastings, Brett A. NAME 240 Ponte Vedra Park Drik, suite 150 STREET ADDRESS STREET ADDRESS Ponte Vedra Beach, FL 3208 Z CHY-ST-ZIP CRY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ■ Addition NAME NALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Rick Reznicsek

FILED May 08, 2006 8:00 am

**Secretary of State** 

4/19/06 (904)567-1060