2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
04-17-2007 90055 002 ***150.00

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DOCUMENT # P05000155455

1. Entity Name
RG MANAGEMENT OF NORTH FLORIDA INC.

66013584

1st MOORE CR2E034 (10/06)

Principal Place of Business	Mailing Address
~~4745 SUTTON~~ PK CT STE 202 JACKSONVILLE ~~FL 32224~~	~~4745 SUTTON~~ PK CT STE 202 JACKSONVILLE ~~FL 32224~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9191 RG Skinner Pkwy	Same
Suite, Apt. #, etc. * 502	Suite, Apt. #, etc.
City & State Jax, FL	City & State
Zip: 32256 Country: DUVAL	Zip: Country:

4. FEI Number 20-3845045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILES, WILLIAM R ~~4745 SUTTON PK CT STE 202~~ ~~JACKSONVILLE FL 32224~~	Name Street Address (P.O. Box Number is Not Acceptable): 9191 RG Skinner Pkwy # 502 City: Jax FL Zip Code: 32256

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 _____ 5/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GILES, WILLIAM R ~~4745 SUTTON PK CT STE 202~~ ~~JACKSONVILLE FL 32224~~	☐ Delete	9191 RG Skinner pkwy # 502 Jax, FL 32256	☒ Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCIVOR, JOHN C ~~4745 SUTTON PK CT STE 202~~ ~~JACKSONVILLE FL 32224~~	☐ Delete	11 11	☒ Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 5/1/07 904-821-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #