

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

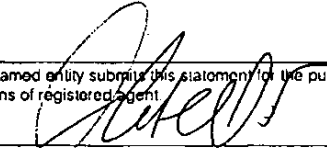
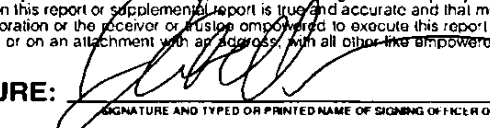
FILED
May 07, 2007 8:00 am
Secretary of State

04-17-2007 90055 002 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P05000155455			
1. Entity Name RG MANAGEMENT OF NORTH FLORIDA INC.			
Principal Place of Business 4745 SUTTON PK CT STE 202 JACKSONVILLE FL 32224		Mailing Address 4745 SUTTON PK CT STE 202 JACKSONVILLE FL 32224	
2. Principal Place of Business - No P.O. Box # 9191 RG Skinner Pkwy #502 Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Jax, FL		City & State	
Zip 32256	Country Dural	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 GILES, WILLIAM R 4745 SUTTON PK CT STE 202 JACKSONVILLE FL 32224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9191 RG Skinner Pkwy #502 City Jax FL Zip 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 		DATE 5/1/07	
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 \$5.00 May Be Trust Fund Contribution. ☐ 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9191 RG Skinner Pkwy #502 Jax, FL 32256 ☐ Change ☐ Addition
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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	