

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094611

FILED
May 01, 2008
Secretary of State

Entity Name: REGENCY INTERNATIONAL AND ASSOCIATES, INC

Current Principal Place of Business:

1961 ERIN BROOK DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1961 ERIN BROOK DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 59-3673804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, YVONNE M
4809 PURITAN CIRCLE
TAMPA,, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNES, YVONNE M
Address: 4809 PURTIAN CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: LEATH, ALICE
Address: 1961 ERIN BROOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SEC () Delete
Name: NANCE, QUANTA
Address: 1961 ERINBROOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SEC () Delete
Name: BARNES, DAVARIA
Address: 5129 E AST SENECA AVENUE
City-St-Zip: TAMPA,, FL 33617

Title: SEC () Delete
Name: BARNES, DEMETRIS
Address: 5129 EAST SENECA AVENUE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVARIA BARNES

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date