

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000032472

Entity Name: RAPHABS/S RESORT, INC.

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

923 NORTH MAGNOLIA AVENUE, STE. 1700  
OCALA, FL 34475

**New Principal Place of Business:**

1021 NE 14TH STREET  
1021  
OCALA, FL 34470

**Current Mailing Address:**

POST OFFICE BOX 1595  
SILVER SPRINGS, FL 34489

**New Mailing Address:**

FEI Number: 27-2392587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: HALL, R'LEE  
Address: 2701 NE 7TH STREET, #1401  
City-St-Zip: OCALA, FL 34470

Title: VP  
Name: HALL, REUBEN A  
Address: POST OFFICE BOX 1595  
City-St-Zip: SILVER SPRINGS, FL 34489

I hereby 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 all other like empowered.

SIGNATURE: R'LEE HALL

DPS

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date