2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

04-30-2007 90387 039 ***150.00

DOCUMENT # P93000001951

1. Entity Name
RECREATIONAL FACILITIES OF AMERICA, INC.

Principal Place of Business	Mailing Address
490 HERNANDO DR MARCO ISLAND FL 34145 US	P.O. BOX 2111 MARCO ISLAND FL 34146 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
490 HERNANDO DRIVE	PO BOX 2111
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARCO ISLAND FL	City & State: MARCO ISLAND
Zip: 34145 Country: COLLIER USA	Zip: FL 34146 Country: USA

4. FEI Number 59-2735782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, ANTHONY
2012 SHEFFIELD AVE
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name: ANTHONY SMITH
Street Address (P.O. Box Number is Not Acceptable): 2012 SHEFFIELD AVE
City: MARCO ISLAND FL Zip Code: 34145

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 ___ A J SMITH ___
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	PD SMITH, ANTHONY 2012 SHEFFIELD AVE MARCO ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, MARTINA 2012 SHEFFIELD AVE MARCO ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: ___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #