

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001951

FILED
May 01, 2009
Secretary of State

Entity Name: RECREATIONAL FACILITIES OF AMERICA, INC.

Current Principal Place of Business:

490 HERNANDO DR
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2111
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 59-2735782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ANTHONY
2012 SHEFFIELD AVE
MARCO ISLAND, FL 34145 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: PD () Delete
Name: SMITH, ANTHONY
Address: 2012 SHEFFIELD AVE
City-St-Zip: MARCO ISLAND, FL

Title: SD () Delete
Name: SMITH, MARTINA
Address: 2012 SHEFFIELD AVE
City-St-Zip: MARCO ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTHONY SMITH

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date