## 2008 FOR PROFIT CORPORATION

## Jan 22, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P95000058933 01-22-2008 90060 014 \*\*\*150.00 1. Entity Name RS LAND DEVELOPMENT, INC. Mailing Address Principal Place of Business 4000--135 VIA QUANTERA 2135 S. CONGRESS PALM BEACH GARDENS, FL 33418 SUITE 1C WEST PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number PANCHO SANTA 52-1993636 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAHM, ROLAND D Street Address (P.O. Box Number is Not Acceptable) 135 VIA QUANTERA PALM BEACH GARDENS, FL 33418 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition SAHM, ROLAND D NAME NAME STREET ADDRESS 135 VIA QUANTERA STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete EL-Change ■ Addition SAHM, DOUGLAS SR NAME NAME POBOX 1516 135 VIA QUANTERA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP ST TITLE ☐ Delete TOLE SAHM, DOUGLAS SR NAME NAME 135 VIA QUANTERA STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-71F □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DOUSLAS W. KAHM , SR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED