2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000102565

1. Entity Name

RV REAL ESTATE CORPORATION



FILED Apr 11, 2007 08:00 AM Secretary of State

Principal Place of Business

14100 TAMIAMI TRAIL EAST: #400 NAPLES, FL 34114 Mailing Address

: 14100 TAMIAMI TRL E #400

NAPLES, FL 34114



DO NOT WRITE II	NTH	IIS	SPAC	ΪE
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04092007	No Chg-P	CR2E034 (11/05)
4. FEI Number		Appli

5. Certificate of Status Desired

65-0724479

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COONS, JOHN 14100 TAMIAMI TRAIL EAST #400 NAPLES, FL 34114

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or i	registered agent, or bot	h, in the State of Florida. I	am familiar with, and accept
SIGNATURE_					· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
····	Signature, typed or printed name of registered agent and title	ff applicable. (NOTE: Registered	1 Agent signatur	e required when reinstating)	DV	ATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$850.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	. OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONS, JOHN 14100 TAMIAMI TRAIL EAST #400 NAPLES, FL 34114		:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, LANELL 14100 TAMIAMI TRAIL EAST #400 NAPLES, FL 34114		: :		0000007 04/20/07-8	'00096 80003-014 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	TE
NTLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPAC	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filling 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 trusted enjowered 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 another charge in the property of the corporation of the corp

SIGNATURE

STREET ADDRESS

MATURE AND TYPED OR PRINTED MAKE OF RIGHING OFFICER OR DIRECTOR

9 APPILLOT

954-922-7572

Daytime Phone #