

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90062 021 ***550.00



DOCUMENT # P97000003001

1. Entity Name
JANICE P. BOOTHE, RCDD, INC.

Principal Place of Business 111 BROWNS ROAD SAN MATEO, FL 32187 US	Mailing Address 113 BROWNS ROAD SAN MATEO, FL 32187 US
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2. Principal Place of Business - No P.O. Box # 5367 FLORENCE POINT DRIVE	3. Mailing Address 5367 FLORENCE POINT DRIVE
Suite, Apt. #, etc. 90 PELLEGRINI	Suite, Apt. #, etc. 90 PELLEGRINI

04232007 Chg-P CR2E034 (12/06)

City & State AMELIA ISLAND FL	City & State AMELIA ISLAND FL
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4. FEI Number 65-0721001	Applied For Not Applicable
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Zip 32034	Country USA	Zip 32034	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HOLLAND, PATRICIA
113 BROWNS ROAD
SAN MATEO, FL 32187

7. Name and Address of New Registered Agent

Name
JANICE P. BOOTHE

Street Address (P.O. Box Number is Not Acceptable)
5367 FLORENCE POINT DRIVE

90 PELLEGRINI

City
AMELIA ISLAND FL Zip Code
32034

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 **JANICE P. BOOTHE** *Janice P. Boothe* **5-03-07**
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOOTHE, JANICE P 111 BROWNS ROAD SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5367 FLORENCE POINT DRIVE AMELIA ISLAND FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **JANICE P. BOOTHE** *Janice P. Boothe* **5-03-07** **252-333-2626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #