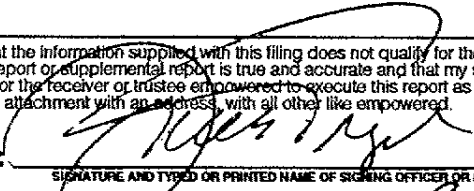


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000015135		
1. Entity Name RSVP DEVELOPMENT CORP.		
Principal Place of Business 1156 NORTHEAST CLEVELAND STREET CLEARWATER, FL 33755		Mailing Address 1156 NORTHEAST CLEVELAND STREET CLEARWATER, FL 33755
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HANNA, LINDA C 600 SOUTH MAGNOLIA AVE #125 TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE
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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		1000000195093 01/26/05-80015-009 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROFF, P. DAVID 1156 NORTHEAST CLEVELAND STREET CLEARWATER, FL 34615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDEN, LAWRENCE J 1156 NORTHEAST CLEVELAND STREET CLEARWATER, FL 34615	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		17 05 727-442-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR P. David Troff - President		Date Daytime Phone #