

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90022 011 \*\*\*158.75

**DOCUMENT # P97000015135**

1. Entity Name  
RSVP DEVELOPMENT CORP.



Principal Place of Business  
6730 W. LINEBOUGH AVE  
201  
TAMPA, FL 33625

Mailing Address  
6730 W. LINEBOUGH AVE  
201  
TAMPA, FL 33625

**60023140**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3495741**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TROPF, P. DAVID  
STREET ADDRESS 6730 W. LINEBAUGH AVE., STE 201  
CITY - ST - ZIP TAMPA, FL 33625

TITLE VD  
NAME GOLDEN, LAWRENCE J  
STREET ADDRESS 6730 W. LINEBAUGH AVE., STE 201  
CITY - ST - ZIP TAMPA, FL 33625

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_