

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90297 042 ***150.00

DOCUMENT # P97000019504 1. Entity Name REC DEVELOPMENT, INC.					
Principal Place of Business 1500 N. FEDERAL HIGHWAY SUITE 202 FT. LAUDERDALE, FL 33304			Mailing Address 1500 N. FEDERAL HIGHWAY SUITE 202 FT. LAUDERDALE, FL 33304		
2. Principal Place of Business 1817 ATLANTIC BLVD		3. Mailing Address 1817 ATLANTIC BLVD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3435567	
Zip 32207		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, RICHARD E 1500 N. FEDERAL HIGHWAY SUITE 202 FT. LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name COOK, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 1817 ATLANTIC BLVD. City JACKSONVILLE FL Zip Code 32207			
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 <u><i>Richard E. Cook</i></u> DATE <u>4.26.05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COOK, RICHARD E <input type="checkbox"/> Delete 1500 N. FEDERAL HIGHWAY, SUITE 202 FT. LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COOK, RICHARD E. 1817 ATLANTIC BLVD. JAX, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: <u><i>Richard E. Cook</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4.26.05</u> Daytime Phone # <u>(904) 346-0017</u>		