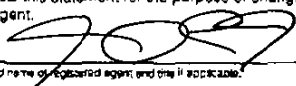
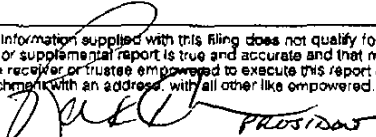


Apr. 12. 2007 2:46PM

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 019 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000059476			
1. Entity Name RK DEVELOPMENT OF TALLAHASSEE, INC.			
Principal Place of Business 3823 EAST MILLERS BRIDGE RD. TALLAHASSEE, FL 32312		Mailing Address 3823 EAST MILLERS BRIDGE RD. TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04122007 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-3459385	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBBBS, ROGER K 3823 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Joseph P. Jones Street Address (P.O. Box Number is Not Acceptable) 215 South Monroe Street Suite 400 City Tallahassee FL Zip Code 32301	
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  DATE 4-12-07 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when retreating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD HOBBBS, ROGER K 3823 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOBBBS, DENISE C. 3823 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  PROVIDOR		Date 4-12-07 Daytime Phone # 850-420-2040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			