

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90284 043 \*\*\*150.00

<b>DOCUMENT # P98000011615</b> 1. Entity Name <b>REC SUB I DEVELOPMENT, INC.</b>					
Principal Place of Business <b>1500 N FEDERAL HWY SUITE 202 FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>1500 N FEDERAL HWY SUITE 202 FT LAUDERDALE, FL 33302</b>		
2. Principal Place of Business <b>1817 ATLANTIC BLVD.</b>		3. Mailing Address <b>1817 ATLANTIC BLVD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>JACKSONVILLE</b>		City & State <b>JACKSONVILLE</b>		4. FEI Number <b>65-0812306</b>	
Zip <b>32207</b>		Country <b>DUVAL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32207</b>		Country <b>DUVAL</b>		6. Name and Address of Current Registered Agent <b>COOK, RICHARD E 1500 N. FEDERAL HWY #202 FORT LAUDERDALE, FL 33304</b>	
7. Name and Address of New Registered Agent Name: <b>COOK, RICHARD E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1817 ATLANTIC BLVD.</b> City: <b>JACKSONVILLE</b> FL Zip Code: <b>32207</b>		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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE: <b>4.21.05</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, RICHARD E</b> <b>1500 N. FEDERAL HWY #202</b> <b>FT LAUDERDALE, FL 33306</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, RICHARD E.</b> <b>1817 ATLANTIC BLVD.</b> <b>JAX, FL 32207</b>	<input checked="" 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <b>4.21.05</b> DAYTIME PHONE #: <b>904 346 0017</b>		