


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-16-2007 90068 047 \*\*\*150.00

<b>DOCUMENT # P98000027681</b> 1. Entity Name RCR DEVELOPMENT COMPANY, INC.	
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Principal Place of Business 2560 RCA BLVD. SUITE 112 PALM BEACH GARDENS, FL 33410-3337	Mailing Address 2560 RCA BLVD. SUITE 112 PALM BEACH GARDENS, FL 33410-3337
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40062228



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0826476	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

MELVILLE, HAROLD G ESQ.  
MELVILLE & SOWERBY, PA  
2940 SOUTH 25TH STREET  
FORT PIERCE, FL 34981-5605

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GODOWN, PHILLIP
STREET ADDRESS	12477 SEMINOLE BLVD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	V/S
NAME	CHAPIN, ROY III
STREET ADDRESS	2560 RCA BLVD. SUITE 112
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	D
NAME	REED, A. LACHLAN
STREET ADDRESS	114 CLARKE AVE.
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	P
NAME	REED, HAROLD
STREET ADDRESS	12298 INDIAN
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/07

(561) 630-0701