

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90252 018 ***150.00

DOCUMENT # P98000035472

1. Entity Name
RDR DEVELOPMENT COMPANY



Principal Place of Business
**2323 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**

Mailing Address
**2323 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**

50041683



2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

03232005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3512240

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, RICHARD A
2323 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**

Name **Duane McQuillen**
Street Address (P.O. Box Number is Not Acceptable) **214 Hillcrest St. #2**
City **Lakeland** **FL** **33815**

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 filed if applicable

(RCH, Registered Agent signature required when consolidating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **PD** ☒ Delete
NAME **MILLER, RICHARD A**
STREET ADDRESS **2323 SOUTH FLORIDA AVENUE**
CITY-STATE-ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VD** ☐ Delete
NAME **MCQUILLEN, DUANE**
STREET ADDRESS **P.O. BOX 8849**
CITY-STATE-ZIP **LAKELAND, FL 338068840**

TITLE **VD** ☒ Change ☐ Addition
NAME **McQuillen, Duane**
STREET ADDRESS **214 Hillcrest St. #2**
CITY-STATE-ZIP **Lakeland, FL 33815**

TITLE **STD** ☐ Delete
NAME **STRAWBRIDGE, V F**
STREET ADDRESS **5120 SOUTH LAKELAND DRIVE**
CITY-STATE-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 **8636882996**