

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90020 007 ***150.00

DOCUMENT # P98000070544

1. Entity Name
RCV PROPERTIES, INC.



Principal Place of Business
**3405 SW COLLEGE ROAD
SUITE 207
OCALA, FL 34474**

Mailing Address
**3405 SW COLLEGE ROAD
SUITE 207
OCALA, FL 34474**

40005270



2. Principal Place of Business - No P.O. Box #
1238 SE 19th Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5957
Suite, Apt. #, etc.

01052008 Chg-P CR2E034 (12/06)

City & State
Ocala, Florida

City & State
Ocala, Florida

4. FEI Number
59-3548220

Applied For
Not Applicable

Zip Country
34471 USA

Zip Country
34478 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VAIRO, RICHARD L
1238 SOUTHEAST 19TH STREET
OCALA, FL 34471**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	VAIRO, CAROLYN S	
STREET ADDRESS	1238 SOUTHEAST 19TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VAIRO, RICHARD L	
STREET ADDRESS	1238 SE 19TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Richard L Vairo 1/16/08 352-861-5835

Date Daytime Phone #