## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 22, 2006 08:00 AM Secretary of State

| DOCUMENT # P98000094599  1. Enlity Name R AND D FUNDING ENTERPRISES, INC. |   |  |  |
|---|---|--|--|
| Principal Place of Business   | Mailing Address                             |  |  |
| 15152 Anchorage Way<br>Fort Myers, FL 33908                               | 15152 ANCHORAGE WAY<br>FORT MYERS, FL 33908 |  |  |



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| D1002000 110 0119 1 | G. 12200 . (1 11 00) |  |
|---------------------|----------------------|--|
| 4. FEI Number       | Applied For          |  |
| 65-0913673          | Not Applicable       |  |
| 65-0913673          | Not Applicat         |  |

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

| HENDRY, ROY L<br>15152 ANCHORAGE WAY<br>FORT MYERS, FL 33908           |   |   | DO NOT WRITE IN THIS SPACE  red office or registered agent, or both, in the State of Florida. I am familiar with, and accept |   |
|--|---|---|--|---|
|  | Figureurs, typed or ponted dame of registered agent and the   |   | nt signatura required when reinstellings   | CATE  |
| FiL<br>After M   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00   | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution.</li> </ol>  | \$5.00 May Be Added to Fees  |   |
| 10.  STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT PD HENDRY, ROY L 15152 ANCHORAGE WAY FORT MYERS, FL 33908 VD HENDRY, DIANE 15152 ANCHORAGE WAY FORT MYERS, FL 33908   | TORS  |  | ######################################  |
| INTLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |   | DO   | NOT WRITE   |
| THRE NAME STHEET ADDRESS GITY-ST-ZIP                                   |   |   | IN   | THIS SPACE  |
| SITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |   |  |   |
| TITLE<br>NAME<br>SIRELI ADDRESS<br>CITY-ST-ZIP                         |   |   |  |   |
| 12. I hereby indicated of the corchanged                               | certify that the information supplied with this lift on this report or supplier solid report is true a postion or the repolity of rustee ampowered to the authorise with a milkeless with a | iling does not qualify for the exemp<br>and accurate and that my signature<br>d to execute this report as required<br>I other like empowered. | tions contained in Chapter 1<br>shall have the same legal eff<br>by Chapter 607, Florida Statu                               | 19, Florida Statutes. I further certify that the information<br>ect as if made under oath, that I am an officer or director<br>tes; and that my name appears in Block 10 or Block 11 if |