

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P98000100165

1. Entity Name  
RTR OF DELAND, INC.



Principal Place of Business  
856 LINCOLN ROAD  
DELAND, FL 32724

Mailing Address  
856 LINCOLN ROAD  
DELAND, FL 32724



01122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3548184

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WILLIAMS, TERRY C  
1111 SAXON BLVD.  
ORANGE CITY, FL 32723

**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, 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	PD
NAME	WILLIAMS, TERRY C
STREET ADDRESS	856 LINCOLN ROAD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	SD
NAME	WILLIAMS, DEBORAH R
STREET ADDRESS	856 LINCOLN ROAD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	VP
NAME	HUFFMAN, HERSEY A
STREET ADDRESS	1430 SHELLMOUND ROAD
CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000793397  
01/25/08-80007-011 150.00

**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

Terry C. Williams

Date

1/22/08

Daytime Phone #

(386) 375-4544