2008 FOR PROFIT CORPORATION... ANNUAL REPORT

FILED May 07, 2008 8:00 am Secretary of State

DOCUMENT # P99000057686 1. Entity Name RLF EXECUTIVE SEARCH, INC.					<u></u>	05-07-2008 9	90106 01	7 ***150).00		
Principal Place		Mailing Address			400-						
6005 HERON PORT ORANG	POND DRIVE E. Fl. 32124	6005 HERON POND DR PORT ORANGE, FL 321				* .					
4. 2.		•	•			ELE TEURE LENN EENIN EENIN EENIN	 	IO BIJOS IDIJO GIJ	18 3 1 (4 188)		
2. Principal Place of Business No P.O. Box # 3. Mailing Address				and Do							
Suite, Apt.	Henon (Itond DR #, etc.	Suite, Apt. #, etc.	njo	יועוס	04222008	Cha D	CDOEO	24 (42/06)			
City & State	000	Ou & State			4. FEI Numi	Chg-P	CRZEO	34 (12/06)	plied For		
Port	Orange FL.	Port Ura	ort Crange FL			59-3583588			Not Applicable		
301	28 LONING	32/28	Coun	ISA	5. Certificat	e of Status Desired		\$8.75 Add Fee Required			
<u> </u>	6. Name and Address of Current F	Registered Agent		~ <i>j</i> , ~ <i>j</i> /	7. Name an	d Address of New R					
FARABEE,	RANDY L	-Name									
6005 HERON POND DRIVE PORT ORANGE, FL 32128				Street Address (P.O. Box Numl	er is Not Acceptable	•)				
10111 010	1100,10 02720					Χ					
		\		City			FL	Zip Code	9		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or b	oth, in the State of Flo	rida. Lam f	amiliar with,	and accept		
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature required	d when reinstating)	,	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND (11.	-	ADDITION	S/CHANGES TO OFF	ICÈRS AND				
TITLE NAME	PTD Delete III			1				☐ Change	Addition		
STREET ADDRESS	6005 HERON POND DRIVE			ET ADDRESS							
CITY-ST-ZIP	PORT ORANGE, FL 32124 SVD	- Delete	THE	-ST-ZIP				☐ Change	Addition		
NAME	FARABEE, RANDY L			E							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE	Delete 111			E				☐ Change	Addition		
NAME			NAM	ET ADDRESS							
STREET ADDRESS		,,		-ST-ZiP			~~ <u>~</u> ~				
TITLE	10 10000	☐ Delete	TITU					☐ Change	Addition		
NAME STREET ADDRESS			NAM STRE	ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE NAME		☐ Delete	TITL					☐ Change	Addition .		
STREET ADDRESS			STR	EET ADDRESS							
CITY-ST-ZIP		€ Belefa		-ST-ZIP				☐ Change	☐ Addition		
TITLE NAME		☐ Delete	TITL NAM	ŀ				LI CHAIIGE			
STREET ADDRESS		•		EET ADDRESS '-ST-ZIP					1		
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	or the ex	emptions contained	d in Chapter 1	19, Florida Statutes. I	further cen	ify that the in	nformation		
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: KALIN & HONAVER KAREN, S FARABLE (386-322-4982											

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