

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90302 038 ***150.00

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1. Entity Name
RYBOLT'S RESERVE DEVELOPMENT CORPORATION



Principal Place of Business

1017 E. SOUTH ST.
ORLANDO, FL 32801

Mailing Address

1017 E. SOUTH ST.
ORLANDO, FL 32801

40060000



DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3600907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, CAREY L
390 N. ORANGE AVE., STE 2180
ORLANDO, FL 32801

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DVP
CASEY, DENNIS J
STREET ADDRESS
360 E. TROTTERS DR.
CITY-ST-ZIP
MAITLAND, FL 32751

TITLE
NAME
DST
BOLEN, JAMES L
STREET ADDRESS
2 ISLE OF SICILY
CITY-ST-ZIP
WINTER PARK, FL 32789

TITLE
NAME
DP
HILL, CAREY L
STREET ADDRESS
1921 HOFFNER AVE.
CITY-ST-ZIP
ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 an email, or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

407-895-5578

Daytime Phone #