2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90034 047 ***150.00

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1. Entity Name

REGIONAL DEVELOPMENT ASSOCIATES INC.

Principal Place of Business	Mailing Address
1008 N.E. 7TH TERR. SUITE D CAPE CORAL, FL 33909	1008 N.E. 7TH TERR. SUITE D CAPE CORAL, FL 33909

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1008 N.E. 7TH TERR	1008 N.E. 7TH TERR
Suite, Apt. #, etc.: SUITE D	Suite, Apt. #, etc.: SUITE D
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33909 Country: USA	Zip: 33909 Country: USA

4. FEI Number: 65-0950202 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD J. FLORY
1136 N.E. PINE ISLAND RD SUITE 4
CAPE CORAL, FL 33909

7. Name and Address of New Registered Agent

Name: RICHARD J. FLORY
Street Address (P.O. Box Number is Not Acceptable): 1008 N.E. 7TH TERRACE SUITE D
City: CAPE CORAL FL Zip Code: 33909

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]
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICHARD J. FLORY 2415 E. 2ND ST CAPE CORAL, FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT DAWN M. MILES 47620 BERMONT RD PUNTA GORDA, FL 33982 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: [signature] 1-14-04 (239)242-2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #