2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000103555

1. Entity Name
R.D.C. HOLDING CO.

Principal Place of Business	Mailing Address
7700 SQUARE LAKE BLVD JACKSONVILLE, FL 32256	7700 SQUARE LAKE BLVD JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3613163
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, WOLFE
7700 SQUARE LAKE BLVD
JACKSONVILLE, FL 32256

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

000000656833
03/14/07-80041-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COPPENBARGER, RONNIE D
STREET ADDRESS	7700 SQUARE LAKE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DVT
NAME	JACKSON, WOLFE
STREET ADDRESS	5574 LOON LAKE CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	DVS
NAME	STEPHENS, IDA-LOU
STREET ADDRESS	9630 HISTORIC OLD KINGS RD. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 — Date — Daytime Phone #