


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000105864  
 1. Entity Name  
 REGIONAL DEVELOPMENT OF ALABAMA, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 5511 HANSEL AVE \_\_\_\_\_ 5511 HANSEL AVE \_\_\_\_\_  
 ORLANDO, FL 32809 \_\_\_\_\_ ORLANDO, FL 32809 \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3612008 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 HOOKER, DOUGLAS P  
 5511 HANSEL AVE  
 ORLANDO, FL 32809

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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, 2005 Fee will be \$550.00**

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

U00000276937  
 03/26/05-80010-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOOKER, DOUGLAS P
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	DV
NAME	JONES, STANLEY R
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D
NAME	JONES, CONSTANCE A
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
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 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: *Constance A Jones* 3-22-05 407/851-1519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #