


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2005 8:00 am
Secretary of State

07-22-2005 90021 012 ***150.00
 09-02-2005 90014 009 ***400.00

DOCUMENT # P03000046695					
1. Entity Name RKSH DEVELOPMENT, INC.					
Principal Place of Business 310 ALMOND STREET CLERMONT FL 34711			Mailing Address P.O. BOX 121052 CLERMONT FL 32812		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number 56-2349824	
				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOGAN, ROBERT K 310 ALMOND STREET CLERMONT FL 34711			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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 _____ (NOTE: Registered Agent signature required when hand filing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOGAN, ROBERT K		NAME		
STREET ADDRESS	P.O. BOX 121052		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOGAN, SARAH		NAME		
STREET ADDRESS	P.O. BOX 121052		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOGAN, WHITNEY		NAME		
STREET ADDRESS	P.O. BOX 121052		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert K. Hogan</i>			8/29/05 3523948682		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Device Phone #		