2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 04, 2005 08:00 AM Secretary of State

1. Entity Name RHCAN, IN						cretary of Stat
Principal Place of 10630 MCGREG FORT MYERS, F	GOR BLVD	lailing Address 10630 MCGREGOR BLVD FORT MYERS, FL 33919 US	5			
DO	O NOT WRITE II	<u>.</u>	CE	02222005 4. FEI Numbe 65-0319	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	-		DO NOT WRITE IN THIS SPACE			
the obligation	amed entity submits this statement for the same of registered agent. gnature typed or printed name of registered egent and title NOW!!! FEE IS \$150.00	d applicable (NOTE Registered	d Agent signature required.		n, in the State of Flo	rida. I am familiar with, and accept
After May 1, 2005 Fee will be \$550.00 Trust Fund Contrib			Add	ed to Fees		
NAME & STREET ADDRESS 5	OFFICERS AND DIRECT PD NASON, CECILE 5551 LUCKETT ROAD FORT MYERS, FL 33905	CTORS		-	U00000 04/04/05-	287146 80057-007 150.00
TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME					NOT W	
STREET ADDRESS CITY ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	tify that the information supplied with this fi	fine does not qualify for the ever	motion stated in Sec	ction 119 07/3/0	L Florida Statutae 1	further certify that the information
indicated on of the corpor changed, or	tify that the information supplied with this fi this report or supplemental report is true a ration or the receiver or rustee empowered on an attachment with an address, with all	and accurate and that my signated to execute this report as required to the region of	ure shall have the s ed by Chapter 607	same legal effect Florida Statutes	as if made under o ; and that my name	ath; that I am an officer or director appears in Block 10 or Block 11 if