2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # 268888 R HILLS GOLF CLUB, INC.					02 00 002 <i>y</i>	0
101 CORTEZ	e of Business RD W , FL 34207-1538	Mailing Address 101 CORTEZ RD W BRADENTON, FL 34207-1538	}			ı B iblir B ibli <u>y Bibli</u> Bibli	
DO NOT WRITE IN THIS SPA			CE	03082005 No Chg-P CR2E034 (10/03)			
				4. FEI Numbe 59-100 5. Certificate		□ \$8.7	Applied For Not Applicable 5 Additional equired
	6. Name and Address of Current Re						
COPEMAN, RICK 101 CORTEZ RD. BRADENTON, FL 34205					NOT W		
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, typed or printed name of registered agent and Nile if applicable (NOTE. Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.							S 150.00
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-SY-ZIP	P COPEMAN, RICK 101 CORTEZ RD. BRADENTON, FL						
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S CHEVALIER MELINDA 101 CORTEZ RD BRADENTON, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTER DEBBIE 101 CONTEZ.RD. W BRADENTON, FL			DO	NOT W	RITE	
TITLE NAME				IN T	THIS SF	PACE	

12. I hereby certify that the information supplied with this fling 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 of 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OF PUNTED NAME OF SIGNING OFFICER OF DIRECTOR

peman

11/65 941-755-8888