2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 300584

Title:

Name:

Address:

City-St-Zip:

FILED Feb 16, 2009 Secretary of State

Entity Nam	1e: RLH ENTE	ERPRISES, INC.			
Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:		
	I LAURA RD /ILLE, FL 3220	95			
Current Mailing Address:		New Mailing Add	New Mailing Address:		
	I LAURA RD /ILLE, FL 3220	05			
FEI Number:	59-1113985	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Addres	ss of New Registered Agent:	
R CRAIG HARTWIG 130 INDIAN BRANCH RANCH RD ST. AUGUSTINE, FL 32092 US			130 INDIAN BRAN	HARTWIG, ROBERT C 130 INDIAN BRANCH RANCH RD ST. AUGUSTINE, FL 32092 US	
The above in the State		ubmits this statement for the pu	rpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: ROBERT C HARTWIG					
SIGNATUR				02/16/2009	
	Electroni	c Signature of Registered Agen	t	02/16/2009 Date	
	Electroni		t		
Election Cam	Electroni	c Signature of Registered Agen Trust Fund Contribution ().			
Election Cam	Electroni paign Financing AND DIRECT	c Signature of Registered Agen Trust Fund Contribution (). ORS: Delete E M R RD		Date	
Election Cam OFFICERS Title: Name: Address:	Electroni paign Financing AND DIRECT AS () HARTWIG, ANNE 545 WEST RIVE BOSTWICK, FL	c Signature of Registered Agent Trust Fund Contribution (). CORS: Delete E M R RD 32007 Delete R RD	ADDITIONS/CHA Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni paign Financing AND DIRECT AS () HARTWIG, ANNI 545 WEST RIVE BOSTWICK, FL T () HARTWIG, R. L 545 WEST RIVE BOSTWICK, FL	c Signature of Registered Agent Trust Fund Contribution (). ORS: Delete E M R RD 32007 Delete R RD 32007 Delete RAIG, NCH RANCH RD	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: P Name: HARTM Address: 130 INI	Date NGES TO OFFICERS AND DIRECTORS: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT C HARTWIG P 02/16/2009

() Delete

BOUNDS, JULIE L

3025 NAUTILUS RD.

MIDDLEBURG, FL 32068

() Change () Addition