


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 407744 1. Entity Name R.B.H.A., INC.	
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Principal Place of Business
756 25TH AVENUE NORTH
ST. PETERSBURG, FL 33704

Mailing Address
756 25TH AVENUE NORTH
ST. PETERSBURG, FL 33704



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1603719	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CALLAHAN, BARBARA
756 25TH AVENUE NORTH
ST. PETERSBURG, FL 33704

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	IERNA, RANDALL K
STREET ADDRESS	181 3RD ST. W.
CITY-ST-ZIP	TIERRA VERDE, FL
TITLE	D
NAME	BALASH, ANDRE
STREET ADDRESS	4740 BRITTANY DR S #31
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	DS
NAME	CALLAHAN, BARBARA J.
STREET ADDRESS	756 25TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	CALLAHAN, HERBERT
STREET ADDRESS	756 25TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80030-014 150.00

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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: *Barbara J. Callahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #