

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 658624**

1. Entity Name

R & H SERVICE, INC.



Principal Place of Business

1005 US HWY 92 W  
SUITE B  
SEFFNER FL 33584

Mailing Address

PO BOX 592  
SEFFNER FL 33583



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-1876386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMORELLIE, STEPHEN  
4619 CRIMSON CT  
PLANT CITY FL 33567

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

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HAFER, EVELYN  
STREET ADDRESS PO BOX 4487  
CITY- ST- ZIP HOMOSASSA SPRINGS FL 34447

TITLE S ☐ Delete  
NAME LEWIS, KATHERINE  
STREET ADDRESS 3821 LINDSEY ST  
CITY- ST- ZIP DOVER FL 33527

TITLE VP ☐ Delete  
NAME HAFER, ROBERT A  
STREET ADDRESS PO BOX 4487  
CITY- ST- ZIP HOMOSASSA SPRINGS FL 34447

TITLE PD ☐ Delete  
NAME AMORELLI, STEPHEN  
STREET ADDRESS 4619 CRIMSON CT  
CITY- ST- ZIP PLANT CITY FL 33567

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U000000834064  
04/06/07-80017-014 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Katherine Lewis* Katherine Lewis

3/26/07

813 685-2471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #