## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90259 014 \*\*\*150.00 **DOCUMENT # J45462** 1. Entity Name RWH PROPERTIES, INC. 40011600 Principal Place of Business Mailing Address 6923 WINNERS CIR 6923 WINNERS CIR LAKEWOOD RANCH, FL 34202 LAKEWOOD RANCH, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7112 Tral CALL Suite, Apt. #, etc. Suite, Apt. #, etc. 03252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Lake 59-2766498 Not Applicable Country Zip \$8.75 Additional 34202 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMAN, ROBERT W. Street Address (P.O. Box Number is Not Acceptable) 6923 WINNERS CIR LAKEWOOD RANCH, FL 34202 Zip Code 34みかみ City Ranch 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Change TITLE ☐ Delete ☐ Addition HOFFMAN, WILLIAM R. NAME STREET ADDRESS STREET ADDRESS 6923 WINNERS CIR LAKEWOOD RANCH, FL 34202 CITY-ST-7IP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition HOFFMAN, ROBERT W. NAME NAME STREET ADDRESS 6923 WINNERS CIR STREET ADDRESS LAKEWOOD RANCH, FL 34202 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 7ITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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