


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # J45462	
1. Entity Name RWH PROPERTIES, INC.	

Principal Place of Business 7112 TEAL CREEK GLEN LAKEWOOD RANCH, FL 34202 US	Mailing Address 7112 TEAL CREEK GLEN LAKEWOOD RANCH, FL 34202 US
------------------------------------------------------------------------------------	------------------------------------------------------------------------



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2766498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOFFMAN, ROBERT W.
7112 TEAL CREEK GLEN
LAKEWOOD RANCH, FL 34202

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000899262 04/28/08-80032-006 150.00
-----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, WILLIAM R. 7112 TEAL CREEK GLEN LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMAN, ROBERT W. 7112 TEAL CREEK GLEN LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE: *x Robert W. Hoffman* *x 4/10/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #