


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90121 026 ****70.00

DOCUMENT # N06000001968	
1. Entity Name ROHOA, INC.	

60012675



Principal Place of Business 12865 SW HIGHWAY 17 ARCADIA, FL 34269 US	Mailing Address 12865 SW HIGHWAY 17 ARCADIA, FL 34269 US
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2. Principal Place of Business - No P.O. Box # 8462 SW RIVERSIDE DR	3. Mailing Address 8462 SW RIVERSIDE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State ARCADIA FL	City & State Arcadia FL
Zip 34269	Country DeSoto
Country DeSoto	Zip 34269

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOTITZKY, EDWARD ESQ WOTITZKY, WOTITZKY, ROSS, GOLDMAN, SURGES 109 TAYLOR STREET STE 112 PUNTA GORDA, FL 33950
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7. Name and Address of New Registered Agent	
Name Edward L. Wotitzky, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 223 Taylor Street	
City Punta Gorda	FL Zip Code 33950

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARNER, ROBERT J		NAME SIEGEL, ROBERT	
STREET ADDRESS 12865 SW HIGHWAY 17		STREET ADDRESS 8462 SW RIVERSIDE DR	
CITY-ST-ZIP ARCADIA, FL 34269		CITY-ST-ZIP ARCADIA FL 34269	
TITLE VPST	<input checked="" type="checkbox"/> Delete	TITLE VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VARNER, GAIL L		NAME SNYDER, CRAIG	
STREET ADDRESS 12865 SW HIGHWAY 17		STREET ADDRESS 9059 SW LIVERPOOL RD	
CITY-ST-ZIP ARCADIA, FL 34269		CITY-ST-ZIP ARCADIA FL 34269	
TITLE P	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SIEGEL, ROBERT		NAME SIEGEL, CINDY	
STREET ADDRESS 8462 SW RIVERSIDE DR		STREET ADDRESS 8462 SW RIVERSIDE DR	
CITY-ST-ZIP ARCADIA FL 34269		CITY-ST-ZIP ARCADIA FL 34269	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS SNYDER, DEBBY	
CITY-ST-ZIP		STREET ADDRESS 9059 SW LIVERPOOL RD	
		CITY-ST-ZIP ARCADIA FL 34269	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS MARKEY, MARTHA JO	
CITY-ST-ZIP		STREET ADDRESS 237 N. ROGERS	
		CITY-ST-ZIP ARCADIA FL 34266	
TITLE NAME	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS LOWERY, DAVID		STREET ADDRESS NEWTON, CAROL	
CITY-ST-ZIP 8501 SW RIVERSIDE DR		STREET ADDRESS 8443 SW RIVERSIDE DR	
		CITY-ST-ZIP ARCADIA FL 34269	

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 617, 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 empower.

SIGNATURE:  Robert J. Siegel / Pres ROHOA 1/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #