

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008557

FILED  
Jul 06, 2009  
Secretary of State

**Entity Name:** SQUARE PEG (RH) CORPORATION

**Current Principal Place of Business:**

850 ORANGEWOOD AVE.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

850 ORANGEWOOD AVE.  
DELAND, FL 32720

**New Mailing Address:**

P.O.BOX 4278  
DELAND, FL 32721

FEI Number: 26-3384479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COLLINS, BEN  
850 ORANGEWOOD AVE.  
DELAND, FL 32720      US

**Name and Address of New Registered Agent:**

STOVER, SONNI  
2060 EAST KICKLIGHTER ROAD  
LAKE HELEN, FL 32744      US

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.

SIGNATURE: SONNI STOVER

07/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: COLLINS, BEN  
Address: 850 ORANGEWOOD AVE.  
City-St-Zip: DELAND, FL 32724

Title: VPD      ( ) Delete  
Name: HEACOCK, CHARLES  
Address: 1034 TORCHWOOD DRIVE  
City-St-Zip: DELAND, FL 32724

Title: STD      ( ) Delete  
Name: STOVER, SONNI  
Address: PO BOX 1226  
City-St-Zip: DELAND, FL 32721

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONNI STOVER

STD

07/06/2009

Electronic Signature of Signing Officer or Director

Date