


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91209 030 ***150.00

DOCUMENT # P01000001529			
1. Entity Name RHTA ENTERPRISES, INC.			
Principal Place of Business 1220 WILDWOOD LAKES BLVD. #105 NAPLES, FL 32902		Mailing Address 1220 WILDWOOD LAKES BLVD. #105 NAPLES, FL 32902	
2. Principal Place of Business 1501 S. Shannon Ave Suite, Apt. #, etc. #7		3. Mailing Address 1501 S. Shannon Ave Suite, Apt. #, etc. #7	
City & State Indialantic FL		City & State Indialantic FL	
Zip 32903		Country USA	
4. FEI Number 59-3689525		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLINGSWORTH, HEIDI 1220 WILDWOOD LAKES BLVD. #105 NAPLES, FL 32902		7. Name and Address of New Registered Agent Name Heidi Hollingsworth Street Address (P.O. Box Number is Not Acceptable) 1501 S. Shannon Ave #7 City Indialantic FL Zip Code 32903	
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: Heidi Hollingsworth Heidi Hollingsworth Reg. Agent 4/28/04 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINGSWORTH, ROBIN 1220 WILDWOOD LAKES BLVD. NAPLES, FL 32902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOLLINGSWORTH, HEIDI 1220 WILDWOOD LAKES BLVD. NAPLES, FL 32902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Hollingsworth, Heidi 1501 S. Shannon Ave #7 Indialantic FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Heidi Hollingsworth Heidi Hollingsworth Pres 4/28/04 951-0291 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	