2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2005 08:00 AM Secretary of State

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DOCUMENT # P01000026983 1. Entity Name RH LAND MANAGEMENT COMPANY				Secretary of State			
<u>-</u>	ce of Business	Mailing Address	3]			
711 E COLO ORLANDO, F		711 E COLONIAL DR ORLANDO, FL 32803					
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			03092005	No Chg-P	CR2E034 (*	10/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb	er	•	Applied For
				59-370	3718	<u>+0</u>	Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent			=		<u> </u>
HARTOG, ALBERT G 709 E COLONIAL DR ORLANDO, FL 32803				DO	NOT W	RITE	
			IN THIS SPACE				
!							
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am famili	ar with, and accept
_					-		
SIGNATURE	Signature, typed or printed name of registered agent and	title il applicable (NOTE: Registere	d Agent signatura required	d when reinstating)		DATE	·
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	000000 03/12/05-	26072 1 80037-00	5 150.00
10.	OFFICERS AND DIF	RECTORS					
TITLE NAME	D HARTOG, RONALD					·· *	
STREET ADDRESS CITY-ST-ZIP	8911 JONATHAN MANOR DR ORLANDO, FL 32819		. .				
TITLE			1				
NAME Street Address							
CITY-ST-ZIP						 -	
NAME							
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE			IN THIS SPACE				
NAME STREET ADDRESS			1				
CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE		<u> </u>		. <u> </u>			 =
NAME STREET ADDRESS			1				
CITY-ST-ZIP			I				

12. I hereby certify that the information supplied with this filling 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:

MINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B-09-05 401-896-66

Daytime Phone #