2006 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED May 19, 2006 8:00 am Secretary of State

DOCUMENT # P01000042553 1. Entity Name RGH SERVICES, INC.,							05-19-2006 90028 015 ***150.00			
Principal Place of Business Mailing Address 1632 ARBOR LN 1632 ARBOR LN FERNANDINA BCH, FL 32034 FERNANDINA BCH, FL 3					. 32034	-		I CONT: IIFI: 4CII: 4CIII 8	III AANT BIEIA NEAL WELL BIIDE	XIIIFEN AN ANTA
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			4			
05.0,7,00.							05032006	Chg-P	CR2E034 (11/05)	<u> </u>
City & State Fernandina Ben FL				City & State Free manding Both FL			4. FEI Numb			pplied For lot Applicable
Zip				Zip Country			5. Certificate of Status Desired S8.75 Additional			
32034 Nossou				32034	sou	<u> </u>		Fee Requir		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
HADDOCK, ROY G 1632 ARBOR LN						Street Address (P.O. Box Number is Not Acceptable)				
FERNANDINA BCH, FL 32034										
4						City FL Zip Code				
B. The above named earlier 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.										
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Trust Fund Contribu							5.00 May Be ided to Fees	In accordance corporation did	with s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.	,	OFFICERS A	ND DIRE	CTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS	P HADDOC 1632 ARI	CK, ROY G BOR LN		Delete	TITU Nam Stre	- I			Change	☐ Addition
CITY-ST-ZIP	FERNAN	DINA BCH, FL 3203		CITY	-ST-ZIP					
FITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				.,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- William			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			☐ Change	☐ Addition
12. I hereby of indicated of the corchanged,	certify that the on this report or on an att	ne information supplied ort or supplemental repo the recoiver or trustee e achigent with an addre	with this f ort is true mpowere ss, with a	iling does not qualify is and accurate and that d to execute this report If other like employment	for the exi my signa rt as requi	emptions containe ture shall have the red by Chapter 60	ed in Chapter 11: e same legal effe 07, Florida Statuti	9, Florida Statutes. I ct as if made under es; and that my nam	I further certify that the oath; that I am an office he appears in Block 10 o	information or or director or Block 11 if