

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000006281

1. Entity Name
RHTS, INC.



Principal Place of Business
9650 BAYSIDE CT
SPRING HILL, FL 34608

Mailing Address
9650 BAYSIDE CT
SPRING HILL, FL 34608

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
57-1144558

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, MICHAEL
9650 BAYSIDE CT
SPRING HILL, FL 34608

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUBBARD, RHONDA
STREET ADDRESS 9650 BAYSIDE CT
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE D
NAME HUBBARD, MICHAEL
STREET ADDRESS 9650 BAYSIDE CT
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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05/05/05-80097-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rhonda Hubbard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05 352-592-1242

Date

Daytime Phone #