

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000051739
 1. Entity Name
 RHK ENTERPRIZES, INC.



Principal Place of Business_ Mailing Address
 4749 SONADA CT 4749 SONADA CT
 SARASOTA, FL 34231 US SARASOTA, FL 34231 US



DO NOT WRITE IN THIS SPACE

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0478450 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSS, RICHARD E
 4749 SONADA CT
 SARASOTA, FL 34231

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000294714
 04/08/05-80081-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ROSS, RICHARD E
STREET ADDRESS	4749 SONADA CT
CITY - ST - ZIP	SARASOTA, FL 34231
TITLE	DS
NAME	KOMPOTHECRAS, GARY
STREET ADDRESS	738 EDGEMERE LANE
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	DV
NAME	HEMBREE, JOE
STREET ADDRESS	1335 SECOND STREET
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: [Signature] 4-6-05 941-951-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #