

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90129 045 ***150.00

DOCUMENT # P03000068956

1. Entity Name
RHINO NETWORKS, INC.



Principal Place of Business
**206 LOCHBERRY PLACE
LONGWOOD, FL 32779**

Mailing Address
**206 LOCHBERRY PLACE
LONGWOOD, FL 32779**

24045606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0718118

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERRY, MICHAEL
206 LOCHBERRY PLACE
LONGWOOD, FL 32779**

Name **JoAnn Harris**

Street Address (P.O. Box Number is Not Acceptable)
206 LOCHBERRY PLACE

City **LONGWOOD**

FL

Zip Code **32779**

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

JoAnn M. Harris

(NOTE: Registered Agent signature required when reinstating)

3/29/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **HARRIS, DAVID N JR**
STREET ADDRESS **206 LOCHBERRY PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **V.** ☒ Change ☐ Addition
NAME **Harris, David N. JR.**
STREET ADDRESS **206 Lochberry Place**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **DVT** ☒ Delete
NAME **BERRY, MICHAEL**
STREET ADDRESS **2841 CONTESSA COURT**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **P.S.** ☐ Change ☒ Addition
NAME **JoAnn Harris**
STREET ADDRESS **206 Lochberry Place**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Shawn Lemley**
STREET ADDRESS **725 Prince Charles Dr.**
CITY-ST-ZIP **Davenport, FL 33837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JoAnn M. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

407-758-3199

Daytime Phone #