

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90091 016 ***150.00

DOCUMENT # P04000005921

1. Entity Name

RHS HOME CRAFTSMEN, INC.



Principal Place of Business

2021 BAYSHORE DRIVE
NICEVILLE FL 32578

Mailing Address

2021 BAYSHORE DRIVE
NICEVILLE FL 32578



2. Principal Place of Business

2021 BAYSHORE DR

Suite, Apt. #, etc.

3. Mailing Address

2021 BAYSHORE DR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

NICEVILLE, FL

City & State

FL

4. FEI Number

20-0509117

Applied For

Not Applicable

Zip

32578

Country

OKLAHOMA

Zip

32578

Country

OKLAHOMA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, RONALD HILTON
2021 BAYSHORE DRIVE
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name RON SMITH

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

2021 BAYSHORE DR.

NICEVILLE FL

City

NICEVILLE FL

FL

Zip Code

32578

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

Ron Smith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, RONALD HILTON	
STREET ADDRESS	2021 BAYSHORE DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ron Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 850-678-6067

Date

Daytime Phone #