

FILED**Jul 20, 2006 08:00 AM**
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000076554		
1. Entity Name RSGH PROPERTIES, INC.		
Principal Place of Business 4410 AIRPORT ROAD PLANT CITY, FL 33563 US		Mailing Address 4410 AIRPORT ROAD PLANT CITY, FL 33563 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SWILLEY, RONALD 4410 AIRPORT ROAD PLANT CITY, FL 33563		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 use if applicable. (NOTE: Registered Agent's signature required when reissuing)		U000000571486 07/20/06-80011-002 150.00 DATE
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SWILLEY, RONALD 4410 AIRPORT ROAD PLANT CITY, FL 33563	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HAMBOS, GEORGE 4410 AIRPORT ROAD PLANT CITY, FL 33563	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Daytime Phone # _____		