

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90270 003 ***150.00

DOCUMENT # P05000007685

1. Entity Name
RHD FLORIDA NO. 6, INC.



Principal Place of Business
401 CITY AVE SUITE 710
BALA CYNWYD, PA 19004

Mailing Address
401 CITY AVE SUITE 710
BALA CYNWYD, PA 19004

50005724



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2178828

Applied For

Not Applicable

Zip

Country

Zip

Country

6. 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

GILMORE, ROBERT A
4475 LEGENDARY DR
DESTIN, FL 32541

Name

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

City

FL

Zip Code

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, 2006 Fee will be \$350.00

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 D/P
NAME Richard H. Dilsheimer
STREET ADDRESS 401 City Ave., Suite 710
CITY-ST-ZIP Bala Cynwyd, PA 19004 ☐ Delete

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

TITLE VPS
NAME Robert A. Dilsheimer
STREET ADDRESS 401 City Ave., Suite 710
CITY-ST-ZIP Bala Cynwyd, PA 19004 ☐ Delete

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

TITLE VP/Assistant Sec.
NAME Thomas S. Dilsheimer
STREET ADDRESS 401 City Ave., Suite 710
CITY-ST-ZIP Bala Cynwyd, PA 19004 ☐ Delete

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

TITLE T
NAME Maury Johnson
STREET ADDRESS 401 City Ave., Suite 710
CITY-ST-ZIP Bala Cynwyd, PA 19004 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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

Richard H. Dilsheimer, Director

Date

610-617-9700
Daytime Phone #