## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # DOSOCOO	7605		ገ ~	03-27-2006	-	***150	.00	
DOCUMENT # P05000007685  1. Entity Name RHD FŁORIDA NO. 6, INC.			)	03-27-2000	90270 003	<b>5</b> ****130	.00	
Principal Place of Business	Mailing Address		7					
401 CITY AVE SUITE 710  8ALA CYNWYD, PA 19004  401 CITY AVE SUITE 710  8ALA CYNWYD, PA 19004		·		50005724				
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			01032006	Chg-P	CR2E03	4 (11/05)		
City & State	City & State	City & State		4. FEI Number Applied For Not Applied For Not Applied For				
Zip Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	of Status Desired	<u>г</u> \$	8.75 Add se Required		
6. Name and Address of Current		7. Name and	Address of New	Registered Ag	jent			
		Name						
GILMORE, ROBERT A 4475 LEGENDARY OR		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
DESTIN, FL 32541							• • • • •	
		City			FL	Zip Code	•	
The above named entity submits this statement in the obligations of registered agent.	or the purpose of changing its r	egistered office or regist	ered agent, or bo	h, in the State of I	Florida. I am fa	miliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)		DATE			
3.	<u>.</u>		-					
FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contri		5.00 May Be Ided to Fees					
10. OFFICERS AND	D DIRECTORS :	11.	ADDITIONS/	CHANGES TO O	FICERS AND I	DIRECTORS	SIN 11	
TITLE D/P	☐ Deleta	TITLE				Change	☐ Addition	
NAME Richard H. Dilsheimer		NAME						
STREET ADDRESS 401 City Ave, Suite 710	no. 1	STREET ADDRESS						
TITLE VP/S CYNWYCH, PA 190	_	CITY-ST-ZIP	<del></del>			Chance	☐ Addition	
NAME ROBERT A Dilsheimer	☐ Delete	TITLE Name				Change	- Woolnow	
STREET ADDRESS LIOI CITY EIVE., Swite 710	<b>3</b>	STREET ADDRESS						
CITY-ST-ZIP Bolg Cynwyd, PA 191		CITY-ST-ZIP						
TITLE VP Assistant Sec.	☐ Delete	TITLE				Change	☐ Addition	
HAME Thomas S. Disheine	C	NAME Street address						
STREET ADDRESS 401 City Aug., Suite CITY-ST-ZP Bale Cynnyd, PA 191	110							
ITTE T	v-\/	CITY-ST-ZIP						
NAME IMAKY Johnson				<del></del>		☐ Change	☐ Addition	
	☐ Delete	CITY-ST-ZIP  TITLE  NAME		<del></del>		☐ Change	Addition	
STREET ADDRESS 401 City Aug., Swite 7	□ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	
GIY-ST-ZP BOLO CYONYOL PA 190	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE BOLD CYNNYCL PA 190	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME  CITY-SI-ZP  BOLO CYDWYCH, PA 190	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	-					
TITLE BOLD CYNNYCL PA 190	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
TITLE HAME STREET ADDRESS CITY-ST-ZP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	noisibbA 🔲	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and securate and that my signature shall have the same legal effect as if made under ceth; 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, you all other like empowered.

SIGNATURE SIGNATURE ON PRINCED IN PRINCED NAME OF SIGNATURE DATE OF DESCRIPTION DISTRICTOR DATE OF DESCRIPTION DATE OF DESCRIP

610-617-9700 Destine Proce