


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90019 044 \*\*\*150.00

<b>DOCUMENT # P05000081141</b>	
1. Entity Name R.H. SAPP, INC.	

Principal Place of Business 12078 NORTH CONFEDERATE DRIVE GLEN ST. MARY, FL 32040 US	Mailing Address P.O. BOX 1000 GLEN ST. MARY, FL 32040 US
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40048224



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03102008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2947157	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CONNER, STEVEN W 1106 PARK AVENUE ORANGE PARK, FL 32073	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PRES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAPP, RONALD H			NAME			
STREET ADDRESS	P.O. BOX 1000			STREET ADDRESS			
CITY-ST-ZIP	GLEN ST. MARY, FL 32040			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAPP, MARY E			NAME			
STREET ADDRESS	P.O. BOX 1000			STREET ADDRESS			
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040			CITY-ST-ZIP			
TITLE	SEC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAPP, BRETT H			NAME			
STREET ADDRESS	P.O. BOX 1000			STREET ADDRESS			
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040			CITY-ST-ZIP			
TITLE	TREA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAPP, BRETT H			NAME			
STREET ADDRESS	P.O. BOX 1000			STREET ADDRESS			
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** Mary E Sapp **3-10-08** (904) 259-6934  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #