


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90029 029 ***150.00

DOCUMENT # P07000037269 1. Entity Name RH7, INC.					
Principal Place of Business 120 MARTIN LUTHER KING JR. AVE. APALACHICOLA, FL 32320 US			Mailing Address 249 14TH STREET APALACHICOLA, FL 32320 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAY-HUTCHINSON, TAMMIE L 249 14TH STREET APALACHICOLA, FL 32320				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY-HUTCHINSON, TAMMIE L		NAME		
STREET ADDRESS	249 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 32320		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY-HUTCHINSON, TAMMIE L		NAME		
STREET ADDRESS	249 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 32320		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY-HUTCHINSON, TAMMIE L		NAME		
STREET ADDRESS	249 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 32320		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY-HUTCHINSON, TAMMIE L		NAME		
STREET ADDRESS	249 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 32320		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: <i>Tammie Ray-Hutchinson</i> 4/29/08 850 653-7515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					