## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P11000050608 1. Entity Name 12 MAY 30 PH 1:51 RHK ENTERPRISES INC. OF WINTER SPRINGS FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1560 EAGLES NEST CIRCLE 1560-EAGLES NEST CIRCLE? WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708-2. Principal Place of Business - No P.O. Box# 2813 FEWTER MIST 3. Mailing Address SAME 05112012 CR2E034 (12/11) Cha-P 4. FEI Number Applied For Sity & State City & State 45-2525726 Not Applicable Zip Country \$8.75 Additional >EmiNOLE Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEALEN, JOSEPHINE Street Address (P.O. Box Number is Not Acceptable) 1560 EAGLES NEST-CIRCLE WINTER SPRINGS, FL-32708 2813 PEWTER MIST CT. City Zio Code Oviedo 32 32765 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Nyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 28, 2012 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change Delete TITLE TITLE KEALEN, JOSEPHINE NAME NAME STREET ADDRESS 4560 EAGLES NEST CIRCLE STREET ADDRESS CITY- ST- ZIP WINTER SPRINGS, FL 32708 CITY- ST. ZIP X Delete TITLE TITLE PEWTER MIST CT. NAME KEALEN, RUSSELL H NAME STREET ADDRESS 4560 EAGLES NEST CIRCLE STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP WINTER SPRINGS, FL 32708 Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ ST- ZIP CITY- ST. ZIE Change Addition | TITLE TITLE Delete **400235687164** /30/12-01008--007 \*\*\*1 NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS MAY 3 0 2012 CITY- ST- ZIP CITY - ST- ZIP Change Addition TITLE Delete TITLE S. PRATHER 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 1 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 18-12 SIGNATURE:

DATE

E-MAIL ADDRESS