

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000008629

1. Entity Name
RHED, INC.



Principal Place of Business
**5440 70TH AVE N.
PINELLAS PARK, FL 33781**

Mailing Address
**5440 70TH AVE N.
PINELLAS PARK, FL 33781**



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3296454

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANCOCK, RALPH
5440 70TH AVE N.
PINELLAS PARK, FL 33781**

**DO NOT WRITE
IN THIS SPACE**

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 must be printed name of registered agent and title of agent only.

(NOTE: Registered Agent signature required when re-statuting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
HANCOCK, RALPH
5440 70TH AVE N.
PINELLAS PARK, FL 33781**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
EVERSOLE, DENNIS
5440 70TH AVE N.
PINELLAS PARK, FL 33781**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
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STREET ADDRESS
CITY ST ZIP

**000000150101
05/07/04-80008-003 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

5/5/04 727-522-4653

Date

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