


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

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

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

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title of office, and (NOT if Registered Agent signature required when re-statuting)

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
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05/07/04-80008-003 150.00

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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: _____ **5/5/04 727-522-4653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document Price: \$