


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000067668
 1. Entity Name
 RHN COMMUNITIES, INC.



Principal Place of Business: 4500 US HWY 92 E, STE 1030, LAKELAND, FL 33801 US
 Mailing Address: 4500 US HWY 92, STE 1030, LAKELAND, FL 33801 US

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3460092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KNAPP, MARVIN J
 2003 SHORELAND DRIVE
 AUBURNDALE, FL 33823

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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 if applicable (NOTE: Registered Agent signature required when reinstating)

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	PT
NAME	KNAPP, MARVIN J
STREET ADDRESS	2003 SHORELAND DR
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	S
NAME	WNEK, MICHAEL E
STREET ADDRESS	526 HILLSIDE DR
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	VPAS
NAME	LEVY, BYERS P
STREET ADDRESS	4429 ARLINGTON PARK DR
CITY - ST - ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/29/04-80065-002 150.00

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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)(i), 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 live empowered

SIGNATURE: X Marvin J Knapp 3/21/04 863-665-0185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #