

**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



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3460092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNAPP, MARVIN J
2003 SHORELAND DRIVE
AUBURNDAL, FL 33823

**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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	PT
NAME	KNAPP, MARVIN J
STREET ADDRESS	2003 SHORELAND DR
CITY- ST- ZIP	AUBURNDAL, FL 33823
TITLE	S
NAME	WNEK, MICHAEL E
STREET ADDRESS	526 HILLSIDE DR
CITY- ST- ZIP	AUBURNDAL, 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	

U00000098985
03/29/04-80065-002 150.00

**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)(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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/04

Date

863-665-0185

Daytime Phone #