


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

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



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



01062005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3460092      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  
 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, 2005 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	PT KNAPP, MARVIN J 2003 SHORELAND DR AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WNEK, MICHAEL E 526 HILLSIDE DR AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS LEVY, BYERS P 4429 ARLINGTON PARK DR LAKE LAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000225205  
 02/11/05-80031-014 150.00

**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: Marvin Knapp      Date: 2/8/05      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR