




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P97000067668</b>			
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		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3460092	Applied For <input type="checkbox"/> 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		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  1100000225205 02/11/05-80031-014 150.00	
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 LAKELAND, FL 33801		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 like empowered.			
SIGNATURE: 		Date: 2/8/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	