


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90044 001 ***150.00

40045086



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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KNAPP, MARVIN J 2003 SHORELAND DRIVE AUBURNDALE, FL 33823				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, MARVIN J			NAME	
STREET ADDRESS	2003 SHORELAND DR			STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WNEK, MICHAEL E			NAME	
STREET ADDRESS	526 HILLSIDE DR			STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823			CITY-ST-ZIP	
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, BYERS P			NAME	
STREET ADDRESS	4429 ARLINGTON PARK DR			STREET ADDRESS	2314 Heritage Lakes Dr
CITY-ST-ZIP	LAKELAND, FL 33801			CITY-ST-ZIP	Lakeland, FL 33803
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 B1 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Marvin Knapp</i>				Date <i>2/29/08</i> Daytime Phone <i>863-287-9002</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					