2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000010439

1. Entity Name
RGH ALTERNATIVE HEALTH STORES, INC.

Principal Place of Business	Mailing Address
5533 HWY 90 PACE, FL 32571	5533 HWY 90 PACE, FL 32571

01072004 __ No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3497783
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, JIMMIE D
5533 HWY 90
PACE, FL 32571

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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 _____
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	D
NAME	HILL, JIMMIE D
STREET ADDRESS	6175 KATINA DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	GARG, P.K.
STREET ADDRESS	4928 HIGHWAY 90
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	HILL, FRANCES L
STREET ADDRESS	6175 KATRINA DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80040-005 158.75

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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 like empowered.

SIGNATURE: _____ 1-7-04 850-994-3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #