

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90039 035 ***150.00

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1. Entity Name

RLH MANAGEMENT, INC.



Principal Place of Business

2271 BACOM POINT RD.
PAHOKEE FL 33476

Mailing Address

2271 BACOM POINT RD.
PAHOKEE FL 33476

94023766



MOORE CR2E034 (11/03)

2. Principal Place of Business

2271 Bacom Pt Rd.
Suite, Apt. #, etc.

3. Mailing Address

2271 Bacom Pt Rd.
Suite, Apt. #, etc.

City & State

PAHOKEE, FL.

City & State

PAHOKEE, FL.

4. FEI Number

65-0846885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33476

Country

USA

Zip

33476

Country

USA

6. Name and Address of Current Registered Agent

HATTON, R.L. M.D.
2271 BACOM POINT RD.
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HATTON, R.L. M.D.
STREET ADDRESS 2271 BACOM POINT RD.
CITY-ST-ZIP PAHOKEE FL 33476 ☐ Delete

TITLE DS
NAME HATTON, MARIAN
STREET ADDRESS 2271 BACON POINT RD
CITY-ST-ZIP PAHOKEE FL 33476 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert L. Hatton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

Date

Daytime Phone #