

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V11620**

1. Entity Name  
**RKH GROUP, INC.**



Principal Place of Business  
**1515-B E LIVINGSTON ST  
ORLANDO, FL 32803 US**

Mailing Address  
**P.O. BOX 961  
ORLANDO, FL 32802-0961 US**

**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3109841** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REESE, HAROLD GREGORY  
390 NORTH ORANGE AVENUE  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HAMLYN, LORI ANN
STREET ADDRESS	415 DANIELS AVENUE
CITY-ST-ZIP	ORLANDO, FL
TITLE	VD
NAME	REESE, HAROLD GREGORY
STREET ADDRESS	828 HAAS ROAD
CITY-ST-ZIP	APOPKA, FL
TITLE	TSD
NAME	KIRK, GRANT ROBINSON
STREET ADDRESS	2485 KIRK ROAD
CITY-ST-ZIP	OVIEDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000392127  
01/24/06-80069-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Lori A. Hamlyn* **Lori A. Hamlyn**

Date

**1-18-06**

Daytime Phone #

**407 228 2020**