

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V11620

1. Entity Name
RKH GROUP, INC.



FILED
Jan 28, 2008 08:00 A
Secretary of State

Principal Place of Business
**1880 SPRINGS AVE
OVIEDO, FL 32765 US**

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



DO NOT WRITE IN THIS SPACE

01242008 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

**KIRK ROBINSON, GRANT
2485 KIRK ROAD
OVIEDO, FL 32765**

**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, 2008 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 KIRK, GRANT ROBINSON
STREET ADDRESS 2485 KIRK ROAD
CITY-ST-ZIP OVIEDO, FL

TITLE
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U00000798568
01/30/08-80032-024 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lori A Hamlyn **Lori A. Hamlyn** 1-24-08 407 365 4965