

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # V65678

1. Entity Name
ROHICH PROPERTY, INC.



Principal Place of Business
**434 NORTH GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118**

Mailing Address
**434 NORTH GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3146647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, DANIEL S.
434 NORTH GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118**

**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	DP
NAME	WALLACE, HIRAM E.
STREET ADDRESS	494 ALAN DRIVE
CITY-STATE-ZIP	NEW ALBANY, IN
TITLE	DST
NAME	WALLACE, CHRISTINE H.
STREET ADDRESS	494 ALAN DRIVE
CITY-STATE-ZIP	NEW ALBANY, IN
TITLE	DV
NAME	HELO, ROBERT V.
STREET ADDRESS	1826 VETERANS BLVD.
CITY-STATE-ZIP	DUBLIN, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000410879
02/03/06-80053-019 150.00

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: *X Hiram E. Wallace Pres of Rohich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/06 366.673-5630
Daytime Phone If