

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90045 008 ***150.00

DOCUMENT # V65678

1. Entity Name
ROHICH PROPERTY, INC.



40018006



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

Mailing Address
434 NORTH GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3146647

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME WALLACE, HIRAM E.
STREET ADDRESS 494 ALAN DRIVE
CITY-ST-ZIP NEW ALBANY, IN

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1701 N US 1
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DST ☐ Delete
NAME WALLACE, CHRISTINE H.
STREET ADDRESS 494 ALAN DRIVE
CITY-ST-ZIP NEW ALBANY, IN

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

TITLE DV ☐ Delete
NAME HELD, ROBERT V.
STREET ADDRESS 1826 VETERANS BLVD.
CITY-ST-ZIP DUBLIN, GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: *Hiram E. Wallace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIRAM E WALLACE

Date

2/12/07

Daytime Phone #

2/12/07:JFW:CB