2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2004 08:00 AM Secretary of State

941-753-3172

 Entity Nar 	MENT # J32526 4 RIM DESIGN OF SUNCOAST,	INC.		Secretary of Sta	
6718 14TH	ce of Business STREET WEST N, FL 34207 US	Mailing Address 6718 14TH STREET WEST BRADENTON, FL 34207 US			
C	OO NOT WRITE		E	02282004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-1746859 Not Applied 5. Certificate of Status Desired S8.75 Additional Fee Required	ole
5. Name and Address of Current Registered Agent SCHULTZ, GREGORY G. 909 STATE RD 584 WEST BLDG B OLDSMAR, FL			DO NOT WRITE IN THIS SPACE		
8. The above the obligat SIGNATURE.	named entity submits this statement for the tions of registered agent.		<u></u>	ored agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida.	xt
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND DIR	Election Campaign Financing Trust Fund Contribution.		i.00 May Be ded to Fees	
THILE NAME STREET ADDRESS CITY-ST-ZIP	VTM DAVIS, WILLIAM G 807 PLUM TREE LANE SARASOTA, FL	ECTORS		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, GRACE E. 6718 14TH STREET WEST BRADENTON, FL 34207			03/08/04-80042-012 150.00 "	
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			• 4r /***********************************	IN THIS SPACE	- [
NAME STHEET ADDRESS CITY-SI-ZIP			And the second		
TITLE NAME SYREET ADDRESS CITY-ST-ZIP					
OF THE COLD	ertify that the information supplied with this on this report or supplemental report is true obration or the receiver or trustee empowers or on an attachment with an address, with a	io to execute this report as required o	on stated in Sect shall have the sa by Chapter 607, I	ction 119.07(3)(i), Florida Statules, I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if	