


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000096639**  
1. Entity Name  
RPMA, INC.



Principal Place of Business 2635 N.W. 13TH STREET GAINESVILLE, FL 32609	Mailing Address 2635 N.W. 13TH STREET GAINESVILLE, FL 32609
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**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3749869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BINGHAM, MARVIN W JR.  
14811 N.W. 140TH STREET  
ALACHUA, FL 32615

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, BHUPENDRA M 2635 N.W. 13TH STREET GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, D. 2635 N.W. 13TH STREET GAINESVILLE, FL 32609
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104/30/04-80083-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BHUPENDRA PATEL 4-29-4 352-271-9018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #