


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 483092 1. Entity Name RMF BUILDERS, INC.	
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Principal Place of Business 1370 SE 3RD TERR. DEERFIELD BEACH, FL 33441	Mailing Address 1370 SE 3RD TERR. DEERFIELD BEACH, FL 33441
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04132004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1649078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SULLIVAN, WILLIAM F 2745 EAST ATLANTIC BLVD POMPAÑO BEACH, FL
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**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, 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	P ENZOR, JIMMY R 13870 S.E. 3RD TERR. DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENZOR, BILLY F 1379 SE 3RD TERRACE DEERFIELD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/19/04-80054-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04 954-426-8447
Date Daytime Phone #