


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90056 006 ***150.00

DOCUMENT # F01000003763 1. Entity Name R.P.M. MANAGEMENT OF OHIO, INC.					
Principal Place of Business 1207 3rd St. South, Ste 5 Naples, FL 34102				Mailing Address P.O. BOX 1167 NAPLES FL 34106-1167	
2. Principal Place of Business 1207 3rd St. South		3. Mailing Address 			
Suite, Apt. #, etc. #5		Suite, Apt. #, etc. 			
City & State Naples FL		City & State 		4. FEI Number 31-1295637	
Zip 34102		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, DENNIS R 1207 3rd St. SOUTH SUITE 5 NAPLES FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Patricia D. Morris</i> <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <i>Patricia D. Morris, Secretary</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 4/13/04 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, DENNIS R 575 21ST AVE SOUTH NAPLES FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRIS, PATRICIA D 575 21ST AVE SOUTH NAPLES FL 34102	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Patricia D. Morris</i> <i>Patricia D. Morris, Secretary</i> 4/13/04 239-403-8887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E034 (11/03)

Applied For
Not Applicable

31-1295637

31-1295637

FL Zip Code

4/13/04

5.00 May Be Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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239-403-8887