



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90012 016 \*\*\*150.00

<b>DOCUMENT # H37136</b> 1. Entity Name <b>RIMER ELECTRIC CORPORATION</b>					
Principal Place of Business <b>140 TOMAHAWK DR #6 INDIAN HARBOR BEACH, FL 32937 US</b>			Mailing Address <b>P. O. BOX 033157 INDIALANTIC, FL 32903 US</b>		
2. Principal Place of Business - No P.O. Box # <b>181 AFORIA LANE</b> Suite, Apt. #, etc. <b>INDIALANTIC, FL.</b> City & State <b>32903</b> Zip <b>BREYARD</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.  City & State  Zip <b>32903</b>			
4. FEI Number <b>59-2494920</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KAY R. RIMER 181 AFORIA LANE INDIALANTIC, FL 32903</b>			7. Name and Address of New Registered Agent Name <b>N/A.</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <i>Kay Rimer</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>01-10-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIMER, MICHAEL D. P.O. BOX 033157 N/A INDIALANRIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIMER, KAY R. P.O. BOX 032157 N/A INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Kay Rimer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>KAY RIMER SEC. TRES.</b>		DATE <b>01-09-07</b> Daytime Phone # <b>321-779-9990</b>	