2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2005 08:00 AM DOCUMENT # H76558 **Secretary of State** 1. Entity Name RUMO, INC. Principal Place of Business Mailing Address 10049 W. DEEPWOODS DRIVE CRYSTAL RIVER FL 34428 US 601 S.E. CUTLER SPUR BLVD. CRYSTAL RIVER FL 34429 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-2575569 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ECCHER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 10049 DÉEPWOODS DRIVE CRYSTAL RIVER FL 34428 City 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 Signature, typed or printed name of registered agent and tifle if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B: After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change THEF U000000211080 ECCHER, JOSEPH NAME 02/02/05-80105-023 150.00 STREET ADDRESS 10049 DEEPWOODS DRIVE STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34228 CHTY-ST-ZIP Adiiii Change Delete TITLE ECCHER, JANET K. HAME NAME STREET ADDRESS STREET ADDRESS 10049 DEEPWOODS DRIVE CHTY-ST-ZIP CITY-ST ZIP CRYSTAL RIVER FL 34428 Addition | FILE D Defete me☐ Change NAME DAVIS, PAMELA NAME STREET ADDRESS STREET ADDRESS 3540 W COGWOOD CIR CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL 34465** TITLE Change ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP TITLE ☐ Change ☐ Delete TUTLE NAME NAME DIRECT ADDRESS STREET ADDRESS CHY-SI-7P CITY ST-ZIP □ Ā ☐ Change ☐ Delete TITLE TITLE NA ME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIF CHY-SI-ZIP 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone