



FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # H76558				Feb 02, 2005 08:00 AM	
1. Entity Name RUMO, INC.				Secretary of State	
Principal Place of Business 601 S.E. CUTLER SPUR BLVD. CRYSTAL RIVER FL 34429 US		Mailing Address 10049 W. DEEPWOODS DRIVE CRYSTAL RIVER FL 34428 US			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2575569 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ECCHER, JOSEPH 10049 DEEPWOODS DRIVE CRYSTAL RIVER FL 34428				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D	<input type="checkbox"/> Delete	TITLE	U000000211080 <input type="checkbox"/> Change <input type="checkbox"/> Admin	
NAME	ECCHER, JOSEPH		NAME	02/02/05-80105-023 150.00	
STREET ADDRESS	10049 DEEPWOODS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Admin	
NAME	ECCHER, JANET K.		NAME		
STREET ADDRESS	10049 DEEPWOODS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Admin	
NAME	DAVIS, PAMELA		NAME		
STREET ADDRESS	3540 W COGWOOD CIR		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Admin	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Admin	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Admin	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #