


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90258 016 \*\*\*150.00

<b>DOCUMENT # J65267</b> 1. Entity Name RMR ASSOCIATES, INC.	
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Principal Place of Business 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 US	Mailing Address 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0222711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JACOBS, GORDON W. 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABEL, BAND R COLLIER 240 PINEAPPLE AVENUE, S. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, GW 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEO, HADLEY-K. 7656 PENINSULAR DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **G.W. Jacobs** **4-13-05** **941-907-7605**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #