


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90035 038 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # L39040</b><br>1. Entity Name<br><b>RIMER HOMES, INC.</b> |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br><del>2287 VENETIA</del><br>INDIATLANTIC FL 32903<br>US | Mailing Address<br>P. O. BOX 033157<br>INDIATLANTIC FL 32903<br>US |
|---|--|



MOORE CR2E034 (11/03)

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>181 AFORIA LANE</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|  |                          |                                    |  |
|--|--------------------------|------------------------------------|--|
| City & State<br><b>INDIANTLANTIC, FL</b> | City & State             | 4. FEI Number<br><b>59-2988430</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32903</b>                      | Country<br><b>U.S.A.</b> | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

~~RIMER, KAY~~  
~~2287 VENETIA PLACE~~  
~~INDIANTLANTIC FL 32903~~

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**181 AFORIA LANE**  
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 *Kay Rimer* (NOTE: Registered Agent signature required when reinstating) DATE

**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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | D <input type="checkbox"/> Delete |
| NAME           | RIMER, KAY R.                     |
| STREET ADDRESS | 181 AFORIA PLACE                  |
| CITY-ST-ZIP    | INDIANTLANTIC FL 32903            |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Kay Rimer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #