


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90329 040 ***150.00

DOCUMENT # L39040
 1. Entity Name
KAY R. RIMER, INC.



Principal Place of Business 181 AFORIA LANE INDIATLANTIC, FL 32903 US	Mailing Address P. O. BOX 033157 INDIATLANTIC, FL 32903 US
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50039678



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2988430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RIMER, KAY
 181 AFORIA LANE
 INDIATLANTIC, FL 32903

DO NOT WRITE 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIMER, KAY R. 181 AFORIA PLACE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Already paid 150⁰⁰ for Rimer Homes, Inc.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>the name was changed to Kay R. Rimer, Inc</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Do I owe this 150⁰⁰ also. Refund if not due, Thank</i>

DO NOT WRITE 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: *Kay Rimer* *President* *04/15/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #