2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # M43791 01-19-2005 90002 047 ***158.75 1. Entity Name RUMEL HOLDING CO. Principal Place of Business Mailing Address 390 DONALD E. SMITH BLVD 3201 BAYOU SOUND 50003404 DEBARY, FL 32713 US LONGBOAT KEY, FL 34228 2. Principal Place of Business 3201 BAYOU DOUND 3. Mailing Address Suite, Apt. #, etc. 01132005 Chg-P CR2E034 (10/03) 4. FEI Number City & State Applied For 59-2747474 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERNON, JANE D Street Address (P.O. Box Number is Not Acceptable) 3201 BAYOU SOUND LONGBOAT KEY, FL 34228 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition LUBELL, EARL NAME NAME STREET ADDRESS 77 LEED COURT EAST STREET ADORESS DANVILLE, CA 94526 CITY-ST-ZIF CITY-ST-ZIP TILE Delete ☐ Change ☐ Addition VERNON, JANE NAME NAME STREET ADDRESS 3201 BAYOU SOUND STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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:

Date

Daytime Phone #

FILED

Jan 19, 2005 8:00 am