2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # M76941 1. Entity Name REHM ENTERPRISES, INC.	·		V 1	-2004 90253 042 ***150.00
Principal Place of Business	Mailing Address	**************************************		
2209 AVOCADO AVE	2681 KINGSMILL AVE.	•		
#4 MELBOURNE, FL 32935 US	#4 MELBOURNE, FL 32934	US	S PER STANDAR OF A STANDARD BAND OF HE BAND	I IIDA BIRAK BIRTA BIRTA BIRTA BIRTA BIRTA BIRTA BIRTA
2. Principal Place of Business	3. Mailing Address	UTEMANCE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04012004 Chg-P	CR2E034 (10/03)
City & State	CocoA BeAch	n, 7L.	4. FEI Number 10-2369895	Applied For Not Applicable
Zip Country	329 31	ColingsA	5. Certificate of Status Desired	d S8.75 Additional Fee Required
6. Name and Address of Currer	it Registered Agent		7. Name and Address of Nev	v Registered Agent
REHM, JAMES D. 2681 KINGSMILL AVE. MELBOURNE, FL 32934	er e e e e e e e e e e e e e e e e e e	Street Address	MM JAMES 5 (P.O. Box Number is Not Accepte 20 MINUTE MINUTE	D.
MELBOORNE, FL 32934		#	18	
		CityCocc	A Berch	FL 22 23 31
The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age.	D De Sun	gistered office or regist		Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550		ution. 🗆 Áo	5.00 May Be ided to Fees	
10: OFFICERS AN	D DIRECTORS	11.		DEFICERS AND DIRECTORS IN 11 Change Addition
NAME REHIM, JAMES D	∟ Dexee	NAME H	EHM JAMES I) (Engle
STREET ADDRESS 2681 KINGSMILL AVE. CITY-ST-ZIP MELBOURNE, FL 32934		STREET ADDRESS 18	ocoa Beach, 71	4 32931
TITLE T	Delete	TITLE	2 to 11 to Carto.	☐ Change ☐ Addition
NAME REHM, MARY A. STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32934		NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>
TITLE	☐ Defete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZEP	,	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STORET ADDRESS	1	NAME STREET ADORGES		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
 I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee enchanged, or on an attachment with an address 	ith this filing does not qualify for the istrue and accurate and that my powered to execute this report as a with all other like empowered.	ne exemption stated in signature shall have the required by Chapter 6	Section 119.07(3)(i), Florida Statute le same legal effect as if made, und 07, Florida Statutes; and that my n	es. I further certify that the information ler oath; that I am an officer or director ame appears in Block 10 or Block 11 if
SIGNATURE: Quee	- Kohm		4/17/04	
SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	/ bate	Daylime Phone #