

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90090 003 ***150.00

DOCUMENT # M81095

1. Entity Name
R.S.R.M. INC.



Principal Place of Business
C/O SALIM MAHSHIE
18713 KLINGER CIRCLE
PORT CHARLOTTE FL 33952

Mailing Address
C/O SALIM MAHSHIE
18713 KLINGER CIRCLE
PORT CHARLOTTE FL 33952



2. Principal Place of Business - No P.O. Box #

675 TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

3005 ROCK CREEK DR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-0089293

Applied For

Not Applicable

Zip

33953

Country

U.S.A.

Zip

33948

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHSHIE, SALEM Y.
18713 KLINGER CIR.
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

ROY MAHSHIE

Street Address (P.O. Box Number is Not Acceptable)

3005 ROCK CREEK DR

City

PORT CHARLOTTE

FL

Zip Code

33948

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 SALEM Y MAHSHIE

Signature, typed or printed name of registered agent and title if applicable.

Salem Y Mahshie

(NOTE: Registered Agent signature required when reinstating)

1-27-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 P ☒ Delete
NAME MAHSHIE, SALEM
STREET ADDRESS 18713 KLINGER CIR.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE S ☒ Delete
NAME MAHSHIE, ROSE
STREET ADDRESS 18713 KLINGER CIR.
CITY-ST-ZIP PT CHARLOTTE FL

TITLE T ☐ Delete
NAME MAHSHIE, JOHN
STREET ADDRESS 18713 KLINGER CIR
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME MAHSHIE, ROY
STREET ADDRESS 3005 ROCK CREEK DR
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE S ☒ Change ☐ Addition
NAME MAHSHIE, NADIA
STREET ADDRESS 3005 ROCK CREEK DR
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ROY MAHSHIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07

Date

941-627-9366

Daytime Phone #