


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 A
Secretary of State


DOCUMENT # N04000003460

1. Entity Name
R & M PROFESSIONAL OFFICE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 13625 N FLORIDA AVE TAMPA, FL	Mailing Address 13625 N FLORIDA AVE TAMPA, FL
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01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 33-1090139	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

**RAIRIGH, RAY
 13625 N FLORIDA AVE
 TAMPA, FL**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	DP RAIRIGH, RAY 13625 N FLORIDA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MYERS, STEVEN L 13625 N FLORIDA AVE TAMPA, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____