


**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 <b>13625 N FLORIDA AVE          TAMPA, FL</b>	Mailing Address <b>13625 N FLORIDA AVE          TAMPA, FL</b>
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>33-1090139</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (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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 02/15/08-80079-006 61.25

**DO NOT WRITE IN THIS SPACE**

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 # \_\_\_\_\_