

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90169 015 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P00000016998**

1. Entity Name  
**RPM OF BONITA, INC.**



Principal Place of Business  
**4288 BEACH RD  
BONITA SPRINGS, FL 34134**

Mailing Address  
**4288 BEACH RD  
BONITA SPRINGS, FL 34134**

**66427393**



**DO NOT WRITE IN THIS SPACE**

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3630087**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**MUNOZ, GERARDO  
3611 4TH AVE NE  
NAPLES, FL 34120**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MUNOZ, GERARDO
STREET ADDRESS	3611 4 AVE NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	D
NAME	GARCIA, RODRIGO
STREET ADDRESS	1830 WILSON AVE N
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	D
NAME	VASQUEZ, MARTIN
STREET ADDRESS	18364 ORIOLE RD
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Rodrigo Garcia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-05-04 (939) 498-0509**

Date

Daytime Phone #