

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90012 020 ***150.00

DOCUMENT # P00000019611 1. Entity Name RIMACO CORP.					
Principal Place of Business C/O SHELDON W. STARMAN, CPA 4099 TAMiami TRAIL NORTH 4TH FLOOR NAPLES, FL 34103			Mailing Address C/O DAVID G. BUDD 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3635433	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARMAN, SHELDON W 4099 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)		
DATE			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE AS NAME BUDD, DAVID G STREET ADDRESS 3033 RIVIERA DRIVE #201 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE VP NAME Tuparov, Gligor STREET ADDRESS 3033 Riviera Drive, Suite 201 CITY-ST-ZIP Naples, Florida 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME GUSTEROV, RISTE STREET ADDRESS 3033 RIVIERA DR #201 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE VP NAME Tuparov, Gligor STREET ADDRESS 3033 Riviera Drive, Suite 201 CITY-ST-ZIP Naples, Florida 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPST NAME VLASHO, LOU STREET ADDRESS 3033 RIVIERA DR #201 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE VP NAME Tuparov, Gligor STREET ADDRESS 3033 Riviera Drive, Suite 201 CITY-ST-ZIP Naples, Florida 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AT NAME STARMAN, SHELDON W STREET ADDRESS 4099 TAMiami TRL N #400 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE VP NAME Tuparov, Gligor STREET ADDRESS 3033 Riviera Drive, Suite 201 CITY-ST-ZIP Naples, Florida 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <i>David G. Budd</i>			3/31/04 (239) 263-7700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

DAVID G. BUDD, ASSISTANT SECRETARY