

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

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**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3635433

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STARMAN, SHELDON W
4099 TAMiami TRAIL NORTH
SUITE 400
NAPLES, FL 34103**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000244675
02/26/05-80028-018 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BUDD, DAVID G
3033 RIVIERA DRIVE #201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GUSTEROV, RISTE
3033 RIVIERA DR #201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
VLASHO, LOU
3033 RIVIERA DR #201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
STARMAN, SHELDON W
4099 TAMiami TRAIL N #400
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TUPAROV, GLIGOR
3033 RIVIERA DR., STE 201
NAPLES, FL 34103**

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:

David G. Budd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

Date

(239) 263-7700

Daytime Phone #

DAVID G. BUDD, ASSISTANT SECRETARY