# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P00000019611

1. Entity Name
RIMACO CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SHELDON W. STARMAN, CPA<br>4099 TAMIAMI TRAIL NORTH 4TH FLOOR<br>NAPLES, FL 34103 | C/O DAVID G. BUDD<br>3033 RIVIERA DRIVE STE 201<br>NAPLES, FL 34103 |

**DO NOT WRITE IN THIS SPACE**

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3635433
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$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

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

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

U00000433292
02/24/06--80012-001 158.75

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | AS |
| NAME | BUDD, DAVID G |
| STREET ADDRESS | 3033 RIVIERA DRIVE #201 |
| CITY-ST-ZIP | NAPLES, FL 34103 |
| TITLE | DP |
| NAME | GUSTEROV, RISTE |
| STREET ADDRESS | 3033 RIVIERA DR #201 |
| CITY-ST-ZIP | NAPLES, FL 34103 |
| TITLE | VPST |
| NAME | VLASHO, LOU |
| STREET ADDRESS | 3033 RIVIERA DR #201 |
| CITY-ST-ZIP | NAPLES, FL 34103 |
| TITLE | AT |
| NAME | STARMAN, SHELDON W |
| STREET ADDRESS | 4099 TAMIAMI TRL N #400 |
| CITY-ST-ZIP | NAPLES, FL 34103 |
| TITLE | VP |
| NAME | TUPAROV, GLIGOR |
| STREET ADDRESS | 3033 RIVIERA DR., STE 201 |
| CITY-ST-ZIP | 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 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 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 2/8/06 (239) 263-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID G. BUDD, ASSISTANT SECRETARY