2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 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 4099 TAMIAMI TRAIL NORTH 4TH FLOOR NAPLES, FL 34103	C/O DAVID G. BUDD 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

01222007 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

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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, 2007 Fee will be $550.00

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

U00000616587
02/07/07-80034-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	AS [illegible] DR
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	

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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 1-30-07 (239) 263-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID G. BUDD, ASSISTANT SECRETARY