

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90201 026 \*\*\*158.75

<b>DOCUMENT # P00000019611</b>					
<b>1. Entity Name</b> RIMACO CORP.					
<b>Principal Place of Business</b> C/O SHELDON W. STARMAN, CPA 4099 TAMiami TRAIL NORTH 4TH FLOOR NAPLES, FL 34103			<b>Mailing Address</b> C/O DAVID G. BUDD 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> c/o David G. Budd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5551 Ridgewood Dr., #501			
<b>City &amp; State</b>		City & State Naples, Florida			
<b>Zip</b>	<b>Country</b>	Zip 34108	Country USA		
<b>6. Name and Address of Current Registered Agent</b> STARMAN, SHELDON W 4099 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #501 Naples, Florida 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUSTEROV, RISTE 3033 RIVIERA DR #201 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #501 Naples, Florida 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST VLASHO, LOU 3033 RIVIERA DR #201 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #501 Naples, Florida 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STARMAN, SHELDON W 4099 TAMiami TRL N #400 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>David G Budd</u>			4/25/08		239-514-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

DAVID G BUDD, ASSISTANT SECRETARY