

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019611

Entity Name: RIMACO CORP.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

C/O SHELDON W. STARMAN, CPA
4099 TAMIAMI TRAIL NORTH 4TH FLOOR
NAPLES, FL 34103

New Principal Place of Business:

C/O SHELDON W. STARMAN, CPA
2375 TAMIAMI TRAIL NORTH, SUITE 110
NAPLES, FL 34103

Current Mailing Address:

C/O DAVID G. BUDD
5551 RIDGEWOOD DR. #501
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3635433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STARMAN, SHELDON W
4099 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

STARMAN, SHELDON W
2375 TAMIAMI TRAIL NORTH
SUITE 110
NAPLES, FL 34103 US

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.

SIGNATURE:

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: BUDD, DAVID
Address: 5551 RIDGEWOOD DRIVE #501
City-St-Zip: NAPLES, FL 34108

Title: DP () Delete
Name: GUSTEROV, RISTE
Address: 5551 RIDGEWOOD DRIVE #501
City-St-Zip: NAPLES, FL 34108

Title: VPST () Delete
Name: VLASHO, LOU
Address: 5551 RIDGEWOOD DRIVE #501
City-St-Zip: NAPLES, FL 34108

Title: AT () Delete
Name: STARMAN, SHELDON W
Address: 4099 TAMIAMI TRL N #400
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Delete
Name: TUPAROV, GLIGOR
Address: 3033 RIVIERA DR., STE 201
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: STARMAN, SHELDON W
Address: 2375 TAMIAMI TRL N #110
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G BUDD

AS

04/09/2009

Electronic Signature of Signing Officer or Director

Date