


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90274 048 ***150.00

DOCUMENT # P00000089582	
1. Entity Name RCM TRUCKING & EQUIPMENT INC.	

Principal Place of Business 520 NW 75TH ST BOYNTON BCH, FL 33426	Mailing Address 520 NW 75TH ST BOYNTON BCH, FL 33426
---	---

2. Principal Place of Business 109 LANSDOWNE AVE	3. Mailing Address 109 LANSDOWNE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ST. LUCIE FL	City & State PORT ST. LUCIE FL
Zip 34983	Country USA
Zip 34983	Country USA



04172004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1042725	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MOSSBURG, RAYMOND C 520 NW 75TH ST BOYNTON BCH, FL 33426	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 109 LANSDOWNE AVE PORT ST. LUCIE FL Zip Code 34983	
--	--

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 <i>Ray Mossburg</i> DATE 4 24 04 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	
---	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME MOSSBURG, RAYMOND C	
STREET ADDRESS 520 NW 75TH ST	
CITY-ST-ZIP BOYNTON BCH, FL 33426	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 109 LANSDOWNE AVE	
CITY-ST-ZIP PORT ST. LUCIE FL 34983	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Ray Mossburg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4 24 04 561 718 9223 <small>Daytime Phone #</small>