

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110183

Entity Name: R.T.M. DREAM HOMES, INC.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

407 BEVERLY CT  
MELBOURNE BEACH, FL 32951

## New Principal Place of Business:

## Current Mailing Address:

407 BEVERLY CT  
MELBOURNE BEACH, FL 32951

## New Mailing Address:

FEI Number: 59-3685085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOWRY, ROBERT  
407 BEVERLY CT  
MELBOURNE BEACH, FL 32951 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOWRY, ROBERT  
Address: 407 BEVERLY CT  
City-St-Zip: MELBOURNE BCH, FL 32951

Title: D ( ) Delete  
Name: MOWRY, THERESA  
Address: 407 BEVERLY CT  
City-St-Zip: MELBOURNE BCH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT MOWRY

PRES

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date