


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000016479

1. Entity Name
RIMAR FABRICATIONS, INC.



Principal Place of Business 4646 NE 97TH RD ANTHONY, FL 32617	Mailing Address 4646 NE 97TH RD ANTHONY, FL 32617
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3700016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, BERTRUM
 4646 NE 97TH RD
 ANTHONY, FL 32617**

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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 reappointing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, BERTRUM S SR 4646 NE 97TH RD ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, BERTRUM D JR 4646 NE 97TH RD ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, JOANNE H 4850 NE 97TH STREET RD ANTHONY, FL 32617
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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 exemption stated in Section 119.07(3)(f), 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: Joanne Marshall Date: 1-20-04 Daytime Phone #: 352-629-6882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR