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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3700016
Applied For
Not Applicable

5. Certificate of Status Desired ☒ $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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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	P
NAME	MARSHALL, BERTRUM S SR
STREET ADDRESS	4646 NE 97TH RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	VP
NAME	MARSHALL, BERTRUM D JR
STREET ADDRESS	4646 NE 97TH RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	T
NAME	MARSHALL, JOANNE H
STREET ADDRESS	4650 NE 97TH STREET RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/04-80019-012 158.75

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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)(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: Joanne Marshall 1-20-04 352-629-6882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #