

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000021376

1. Entity Name  
REHAMCO, INC.



Principal Place of Business  
4418 S E 12TH PLACE  
CAPE CORAL, FL 33904

Mailing Address  
4418 S E 12TH PLACE  
CAPE CORAL, FL 33904



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1082164 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LARROW, PAUL L  
3501 DEL PRADO BLVD.  
312  
CAPE CORAL, FL 33904

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

**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 PD  
NAME MAHER, WILLIAM  
STREET ADDRESS 4418 S E 12TH PLACE  
CITY - ST - ZIP CAPE CORAL, FL 33904

TITLE TD  
NAME MAHER, ROGENE  
STREET ADDRESS 4418 S E 12TH PLACE  
CITY - ST - ZIP CAPE CORAL, FL 33904

TITLE S  
NAME LARROW, PAUL  
STREET ADDRESS 3501 312 DEL PRADO BLVD  
CITY - ST - ZIP CAPE CORAL, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

000000007940  
01/20/04-80045-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: William J. Maher William J MAHER Jan 14 2004 239 3325508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #