

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000049046

1. Entity Name  
RRM ENTERPRISES, INC.



Principal Place of Business  
7001 34 AVE N  
ST PETERSBURG, FL 33710

Mailing Address  
7001 34 AVE N  
ST PETERSBURG, FL 33710



03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3729527

Applied For  
Not Applicable

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

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

MEYER, ROBERT R  
7001 34 AVE N  
ST PETERSBURG, FL 33710

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MEYER, ROBERT R
STREET ADDRESS	7001 34 AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	MEYER, DARLENE R
STREET ADDRESS	7001 34 AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	NEVITT, MARY-ANN R
STREET ADDRESS	8425 RACE TRACK RD S
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000285451  
04/02/05-80045-011 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

(727) 344-2127

Daytime Phone #