## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000099166

Entity Name: RIMA OF LAKE CITY, INC.

FILED Apr 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ROUTE 22, BOX 2357 115 SW ENCHANTED CT LAKE CITY, FL 32024 LAKE CITY, FL 32024

Current Mailing Address: New Mailing Address:

ROUTE 22, BOX 2357 115, SW ENCHANTED CT LAKE CITY, FL 32024 LAKE CITY, FL 32024

FEI Number: 30-0079543 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SONI, SHIMANT
ROUTE 22, BOX 2357
LAKE CITY, FL 32024 US
SONI, DHIMANT
115, SW ENCHANTED CT
LAKE CITY, FL 32024 US

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: DHIMANT SONI 04/05/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: DHIMANT, SONI Name: DHIMANT, SONI

 Address:
 RR 22 BOX 2337
 Address:
 115, SW ENCHANTED CT

 City-St-Zip:
 LAKE CITY, FL 32024
 City-St-Zip:
 LAKE CITY, FL 32024

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: DHIMANT SONI P 04/05/2005