

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90032 020 ***150.00



DOCUMENT # P01000103023

1. Entity Name
RUDOLPH AND ME, INC.

Principal Place of Business
**3942 HAMILTON CLUB CIRCLE
 SARASOTA, FL 34242**

Mailing Address
**6831 C WHITFIELD DR
 SARASOTA, FL 34243**

94059831



04122004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1150359 Applied For
 Not Applic

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIELMANN, SUSAN
 3942 HAMILTON CLUB CIRCLE
 SARASOTA, FL 34242**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BRIELMANN, JOSEPH	
STREET ADDRESS	3942 HAMILTON CLUB CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34242	
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CITY-ST-ZIP		

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Briemann* **Joseph Briemann** 11/14/04 941 755-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #