


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000002195 1. Entity Name RMP PARTNERS, INC.			
Principal Place of Business 5144 GULF OF MEXICO DR. LONGBOAT KEY FL 34228		Mailing Address 5144 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. FEI Number 26-0036911		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZARANTANI, GEORGE H 240 S. PINEAPPLE AVE., 10TH FL SARASOTA FL 34236		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete PELTON, RICHARD M 5144 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-family: monospace;"> U00000601625 01/26/07-80056-018 150.00 </div>
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete PELTON, DOLORES J 5144 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Richard M. Pelton</i> RICHARD M. PELTON		1/20/07 941 383 9113	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



1st MOORE CR2E034 (10/06)