

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008662

FILED  
Feb 01, 2008  
Secretary of State

**Entity Name:** RIMES PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

42 COLLEGE ST  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2935  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 40-0002979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIMES, RONALD B  
42 COLLEGE ST  
LABELLE, FL 33935 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RIMES, RONALD B  
Address: 42 COLLEGE ST  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** RONALD B RIMES

PD

02/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date