

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000070598

1. Entity Name
R.K. MUSE CONSTRUCTION, INC.



Principal Place of Business
13561 ARNOLD RHODEN ROAD
GLEN ST. MARY, FL 32040

Mailing Address
P O BOX 1528
GLEN ST. MARY, FL 32040



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3692024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MUSE, ROBERT K
13561 ARNOLD RHODEN ROAD
GLEN ST. MARY, FL 32040

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	MUSE, ROBERT K
STREET ADDRESS	P O BOX 1528
CITY-ST-ZIP	GLEN ST. MARY, FL 32040

U000000320105
04/21/05-80023-025 150.00

TITLE	
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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)(f), 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: Robert K. Muse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 904-275-2826
Date Daytime Phone #