


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000080086
 1. Entity Name
GENO S. RUMPLIK, INC.



Principal Place of Business Mailing Address
 1512 GRADUATE COURT 1512 GRADUATE COURT
 LEHIGH ACRES, FL 33971 LEHIGH ACRES, FL 33971

DO NOT WRITE IN THIS SPACE



02212004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. Fei Number 30-0095462 | 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
RUMPLIK, GENO S
1512 GRADUATE COURT
LEHIGH ACRES, FL 33971

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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**

1000000064739
 02/25/04-80006-022 150.00

10. OFFICERS AND DIRECTORS

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P RUMPLIK, GENO S. 1512 GRADUATE CT. LEHIGH ACRES, FL 33971 |
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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 if changed, or no address with an address, with all other like empowered.

SIGNATURE: *Geno S. R. Rumplik* **GENO S. RUMPLIK** 2-22-04 239-775654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #