


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90034 040 ***150.00

DOCUMENT # P02000113138 1. Entity Name RPM TRUCKING INC.					
Principal Place of Business 713 GOVERNOR'S AVE. ORLANDO, FL 32808 US			Mailing Address 713 GOVERNOR'S AVE. ORLANDO, FL 32808 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0651845	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOO YOUNG, PETER W MR. 713 GOVERNOR'S AVE. ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name MOO YOUNG, PETER W. MR. Street Address (P.O. Box Number is Not Acceptable) 6535 BAYBORD CT. ORLANDO, City FL Zip Code 32829		
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 <u>PETER MOO YOUNG, PRESIDENT</u> x STAR DATE <u>FEB. 24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MOO YOUNG, GLORIA I <input type="checkbox"/> Delete 1730 NORTH MAIN STREET JACKSONVILLE, FL 32206		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS. MOO YOUNG, ERLE R <input type="checkbox"/> Delete 1730 NORTH MAIN STREET JACKSONVILLE, FL 32206		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MOO YOUNG, TINA S <input type="checkbox"/> Delete 19900 N.W. 86TH COURT HIALEAH, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MOO YOUNG, PETER W MR. <input type="checkbox"/> Delete 7732 CASASIA COURT ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MOOYOUNG, PETER W. MR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6535 BAYBORD CT. ORLANDO, FL 32829	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: x STAR PETER MOO YOUNG, PRESIDENT			FEB 24/04 (321)436-9410		