

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000013440

1. Entity Name
RASMUS MANAGEMENT, INC.



Principal Place of Business
**12244 REEDPOND DR E
JACKSONVILLE, FL 32223**

Mailing Address
**12244 REEDPOND DR E
JACKSONVILLE, FL 32223**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0023416

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT M
12244 REEDPOND DR E
JACKSONVILLE, FL 32223**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	WILLIAMS, ROBERT M
STREET ADDRESS	12244 REEDPOND DR E
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/07-80042-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 M. Williams **Robert M. Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07
Date

904-268-9061
Daytime Phone #