


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # P03000078329 1. Entity Name RP & LM ENTERPRISES, INC.	
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Principal Place of Business 5807 N. US HWY 1 COCOA, FL 32927	Mailing Address 1241 OLDE BAILEY LANE W. MELBOURNE, FL 32904
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01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0519650	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

THOMAS, LUKE
5807 N. US HWY 1
COCOA, FL 32927

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I, 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 LUKE THOMAS / Luke Resident  1/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signatures required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAIK, RAMESH 3 VANDALAY CT. SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LUKE 1241 OLDE BAILEY LANE W. MELBOURNE, FL 32904
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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:  1/5/08 (321) 960-7940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #