

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90018 043 ***150.00

DOCUMENT # P03000105147

1. Entity Name
RPM MANUFACTURING SERVICES, INC.



Principal Place of Business
550 STATE ROAD 207
ST. AUGUSTINE, FL 32084

Mailing Address
550 STATE ROAD 207
ST. AUGUSTINE, FL 32084

40007958



DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0206119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILAM & HOWARD, P.A.
50 N. LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202

**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, 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 DIFATO, JOSEPH
STREET ADDRESS 550 STATE ROAD 207
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME DIFATO, MICHAEL
STREET ADDRESS 550 STATE ROAD 207
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME MILLER, W.HALL
STREET ADDRESS 550 STATE ROAD 207
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/05 904 826-4594