

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

04-12-2005 90129 035 ***150.00

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1st MOORE CR2E034 (10/04)

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|---|--|---|--|---|--|
| DOCUMENT # P04000020886 1. Entity Name RIMES LASER GRADING, INC. | | | | | |
| Principal Place of Business 13 MAPLE AVENUE N. LEHIGH ACRES FL 33936 | | | Mailing Address 13 MAPLE AVENUE N. LEHIGH ACRES FL 33936 | | |
| 2. Principal Place of Business 2280 Herzog Rd. Suite, Apt. #, etc. | | 3. Mailing Address 2280 Herzog Rd. Suite, Apt. #, etc. | | | |
| City & State Alva, FL Zip 33920 | | City & State Alva, FL Zip 33920 | | 4. FEI Number 20-0669563 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RIMES, WILLIAM 13 MAPLE AVENUE N. LEHIGH ACRES FL 33936 | | | 7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 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 | P RIMES, WILLIAM 13 MAPLE AVENUE N. LEHIGH ACRES FL 33936 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP RIMES, JENNIFER 13 MAPLE AVENUE N. LEHIGH ACRES FL 33936 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | | <input type="checkbox"/> Delete | | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | | <input type="checkbox"/> Delete | | |
| 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: Jennifer Rimes Jennifer Rimes V.P 4/2/05 728-3464 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |