

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000065383

1. Entity Name
THE RV AWNING MAT CO., INC.



FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90035 022 ***150.00

Principal Place of Business
5121 EHRlich RD.
STE. 104-B
TAMPA, FL 33624 US

Mailing Address
5121 EHRlich RD.
STE. 104-B
TAMPA, FL 33624 US

2. Principal Place of Business - No P.O. Box #
5364 Ehrlich Rd.
Suite, Apt. #, etc. **# 175**

3. Mailing Address
5364 Ehrlich Rd.
Suite, Apt. #, etc. **#175**

03042008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1018987
Applied For
Not Applicable

City & State
Tampa, FL
Zip **33624** Country **US**

City & State
Tampa, FL
Zip **33624** Country **US**

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

6. Name and Address of Current Registered Agent

BERNIE, PHILIP
5121 EHRlich RD.
STE. 104-B
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name **Philip Bernie**
Street Address (P.O. Box Number is Not Acceptable)
5364 Ehrlich Rd. #175
City **Tampa** FL Zip Code **33624**

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] **PHILIP BERNIE, Pres.**

March 4, 2008

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, 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
CEO
BERNIE, PHILIP
16203 BRECKINMORE LANE
TAMPA, FL 33625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
BERNIE, PHILIP
16203 BRECKINMORE LANE
TAMPA, FL 33625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
BERNIE, PHILIP
16203 BRECKINMORE LANE
TAMPA, FL 33625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

Philip Bernie, Pres. March 4, 2008 813-264-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #