2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P04000089825

Entity Name: RPM PROPERTY MANAGEMENT CORPORATION

Current Principal Place of Business:

4819 SHELL STREAM BLVD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4819 SHELL STREAM BLVD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 20-1224232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARK, RAE
4819 SHELL STREAM BLVD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MARK, RAE
Address: 4819 SHELL STREAM BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DVP ( ) Delete
Name: MARK, RAYMOND
Address: 4819 SHELL STREAM BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DVP ( ) Delete
Name: OLTZ, MARCIA
Address: 797 HAWKS BLUFF
City-St-Zip: CLERMONT, FL 34711 US

Title: DT ( ) Delete
Name: OLTZ, EARL
Address: 797 HAWKS BLUFF
City-St-Zip: CLERMONT, FL 34711 US

Title: DS ( ) Delete
Name: BURKE, PAMELA
Address: 7800 PAW PAW DR.
City-St-Zip: MINEVCH, IN 46164 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: BURKE, PAMELA
Address: 61 LOGAN CIRCLE
City-St-Zip: ASHEVILLE, NC 28806 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAE MARK DP 04/23/2008

Electronic Signature of Signing Officer or Director Date