


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90028 034 ***150.00

DOCUMENT # P04000096366		
1. Entity Name RNN MANAGEMENT CO., INC.		

Principal Place of Business 13101 MONET LANE PALM BEACH GARDENS, FL 33410	Mailing Address 13101 MONET LANE PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business Same as above.	3. Mailing Address Same as above.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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01072005 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number 201304595	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NITABACH, ROBERT N 13101 MONET LANE PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name No Change Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ January 17, 2005
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NATABACH, ROBERT N 13101 MONET LANE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NITABACH, ROBERT N. 13101 MONET LANE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Change <input type="checkbox"/> Addition CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Robert Nitabach, President** 01/17/05 (561) 624-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #