

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P05000084054

1. Entry Owner
RSM ADVERTISING, INC.



Principal Place of Business
7716 CEDARWOOD CIRCLE
BOCA RATON, FL 33434 US

Mailing Address
7716 CEDARWOOD CIRCLE
BOCA RATON, FL 33434 US



03202008 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEE Sumner
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOHR, MEL
7716 CEDARWOOD CIR
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

7. The above named entry 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 of person authorized to represent the corporation.

(NOTE: Registered Agent signature required when necessary.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

8. Election Campaign Financing
Trust Funds Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPD
NAME	MOHR, MEL
STREET ADDRESS	7716 CEDARWOOD CIRCLE
CITY-STATE-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

04/23/08-80019-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature and name have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered or limited-liability member of the corporation. I executed this report as required by Chapter 607, Florida Statutes, and this my name appears in Block 10 or Block 11 of this report. If an affidavit is required, it is attached with this report as required.

SIGNATURE:

[Handwritten Signature]

MEL MOHR 4/19/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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