


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90066 028 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P92000000722</b>                |  |
| 1. Entity Name<br><b>THE RHEM GROUP, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br>903 E. NEW HAVEN AVE.<br>MELBOURNE, FL 32901 | Mailing Address<br>903 E. NEW HAVEN AVE.<br>MELBOURNE, FL 32901 |
|---|---|

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|  |  |
|--|--|
| 2. Principal Place of Business<br><b>15 EAST MELBOURNE AVE.</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>15 EAST MELBOURNE AVE.</b><br>Suite, Apt. #, etc. |
|--|--|

03312004 Chg-P CR2E034 (10/03)

|                                      |                                      |                                    |  |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State<br><b>MELBOURNE, FL</b> | City & State<br><b>MELBOURNE, FL</b> | 4. FEI Number<br><b>59-3151610</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32901</b>                  | Country<br><b>BREVARD</b>            | Zip<br><b>32901</b>                | Country<br><b>BREVARD</b>                              |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>                        | <b>7. Name and Address of New Registered Agent</b>                                       |
| RHEM, D. D JR<br>1800 WEST HIBISCUS BLVD.<br>SUITE 138<br>MELBOURNE, FL 32901 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

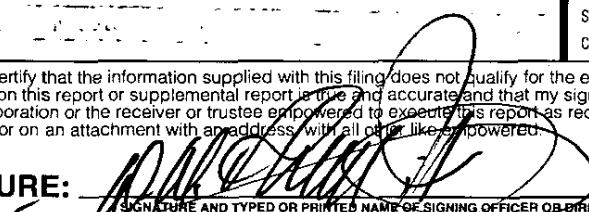
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |                                    |
|--|--|------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00.</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RHEM, D D JR <input checked="" type="checkbox"/> Delete<br>903 E. NEW HAVEN AVE<br>MELBOURNE, FL 32901  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Delete<br><b>D.D. RHEM JR.</b><br><b>15 EAST MELBOURNE AVE.</b><br><b>MELBOURNE, FL 32901</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>RHEM, D.D. JR.</b><br><b>15 EAST MELBOURNE AVE.</b><br><b>MELBOURNE, FL 32901</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  **3/31/04 (321) 725-0710**  
 \_\_\_\_\_ Date Daytime Phone #  
**D.D. RHEM JR. PRESIDENT**