


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # P92000000722**

1. Entity Name  
**THE RHEM GROUP, INC.**



Principal Place of Business      Mailing Address

903 E. NEW HAVEN AVE.      903 E. NEW HAVEN AVE.  
 MELBOURNE, FL 32901      MELBOURNE, FL 32901

24033474



2. Principal Place of Business      3. Mailing Address

**15 EAST MELBOURNE AVE.**      **15 EAST MELBOURNE AVE.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

03312004      Chg-P      CR2E034 (10/03)

City & State      City & State

**MELBOURNE, FL**      **MELBOURNE, FL**

Zip      Country      Zip      Country

**32901**      **BREVARD**      **32901**      **BREVARD**

4. FEI Number      Applied For

**59-3151610**      Not Applicable

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

6. Name and Address of Current Registered Agent

**RHEM, D. D JR**  
**1800 WEST HIBISCUS BLVD.**  
**SUITE 138**  
**MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      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 \_\_\_\_\_

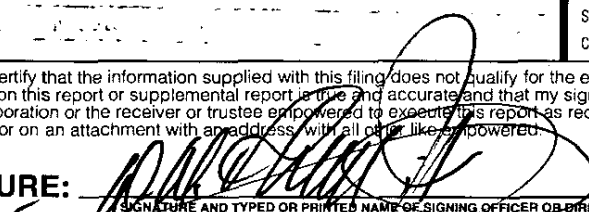
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00.**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHEM, D.D. JR.
STREET ADDRESS	15 EAST MELBOURNE AVE.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**D.D. RHEM JR      PRESIDENT**