

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90010 044 ***150.00

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1. Entity Name

R.P.M. AND ASSOCIATES, INC.



Principal Place of Business

6426 RIVER RD
NEW PORT RICHEY FL 34652
US

Mailing Address

P O BOX 1615
NEW PORT RICHEY FL 34656

2. Principal Place of Business

New Port Richey

3. Mailing Address

PO Box 1615

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NPR FL

City & State

NPR FL

4. FEI Number

59-3178577

Applied For

Not Applicable

Zip

34656

Country

US

Zip

34656

Country

US

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

6. Name and Address of Current Registered Agent

O'MEARA, DANNY
6426 RIVER ROAD
NEW PORT RICHEY FL 34652

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

Signature, typed or printed name of registered agent (and fee if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME O'MEARA, DANNY
STREET ADDRESS 6426 RIVER ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ Delete
NAME O'MEARA, FRAN
STREET ADDRESS 6426 RIVER ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ Delete
NAME PAHARIND, RICHARD
STREET ADDRESS 14517 PIMBERTON
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-04 727 868-9000