

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000022983

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**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3178577	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'MEARA, FRANCES
STREET ADDRESS	6426 RIVER ROAD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	O'MEARA, DANIEL
STREET ADDRESS	6535 SEAVIEW BLVD
CITY-ST-ZIP	HUDSON, FL 34687
TITLE	T
NAME	MANCINI, KEIRE
STREET ADDRESS	6820 FOREST AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 119, 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: *Frances O'Meara* **FRANCES O'MEARA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08 **727-842-9691**

Date

Daytime Phone #