

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000046529 1. Entity Name RPM CONSULTING, INC.					
Principal Place of Business 923 SW 51ST AVENUE PLANTATION, FL 33317		Mailing Address 923 SW 51ST AVENUE PLANTATION, FL 33317			
DO NOT WRITE IN THIS SPACE					
				04302004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 65-0422280	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					
MCCAULEY, ROBERT 923 SW 51ST AVENUE PLANTATION, FL 33317		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 resigning) 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			
		1000000150645 05/04/04-80013-016 150.00			
10. OFFICERS AND DIRECTORS					
TITLE	D				
NAME	MCCAULEY, ROBERT				
STREET ADDRESS	923 SW 51ST AVENUE				
CITY-ST-ZIP	PLANTATION, FL 33317				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
DO NOT WRITE IN THIS SPACE					
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: _____		4/30/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____			