

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 25 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060739

1. Entity Name  
R. P. M. VENTURES, INC.



Principal Place of Business Mailing Address  
304 HIGHWAY A1A 304 HIGHWAY A1A  
SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937 US



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3330144 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PITTS, DEBORAH  
185 HERRON DR  
SATELLITE BCH, FL 32937

**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 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	TVD
NAME	PITTS, DEBORAH
STREET ADDRESS	185 HERRON DR
CITY-ST-ZIP	SATELLITE BCH, FL
TITLE	D
NAME	PITTS, JENNIFER
STREET ADDRESS	185 HERRON DR
CITY-ST-ZIP	SATELLITE BCH, FL
TITLE	PSD
NAME	PITTS, ROBERT RANDALL
STREET ADDRESS	185 HERRON DR.
CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700037338657  
05/26/04--01047--013 \*\*\$50.00

**DO NOT WRITE  
IN THIS SPACE**

*VLM*

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:

*Robert R Pitts* *Robert R Pitts* 5-19-04 321-773-7488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #