2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000069439

1. Entity Name
AK-RBM, INC.

Principal Place of Business	Mailing Address
404 72ND ST HOLMES BEACH, FL 34217	18965 WAYNE ROAD LIVONIA, MI 48152 US

02292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0648543
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERNFIELD, JOHN S
404 72ND ST
HOLMES BEACH, FL 34217

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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

U00000078051
03/08/04-80012-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BERNFIELD, JOHN S
STREET ADDRESS	404 72ND ST
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	VPD
NAME	BERNFIELD, TIMOTHY L
STREET ADDRESS	10 WILSON DRIVE
CITY-ST-ZIP	MOORESVILLE, IN 46158
TITLE	D
NAME	SCHLIMME, CAROLYN SUE
STREET ADDRESS	18965 WAYNE ROAD
CITY-ST-ZIP	LIVONIA, MI 48152
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: John S. Bernfield 3/4/04 (585)975-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #