

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90148 030 ***150.00

DOCUMENT # P97000043125

1. Entity Name

**RECORD GUILD OF AMERICA MANUFACTURING
COMPANY, INC.**



Principal Place of Business

**2175 S OCEAN BLVD
UNIT 504
DELRAY BEACH FL 33483**

Mailing Address

**2175 S OCEAN BLVD
UNIT 504
DELRAY BEACH FL 33483**

2. Principal Place of Business

2175 S Ocean Blvd

3. Mailing Address

2175 S Ocean Blvd

Suite, Apt. #, etc.

504

Suite, Apt. #, etc.

504

City & State

Delray Beach

City & State

Delray Beach

Zip

33483

Country

P.B.

Zip

33483

Country

P.B.

4. FEI Number

65-0753867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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] (NOTE: Registered Agent Signature required when reinstating)

DATE

4-25-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 ☐ Delete
NAME **DP**
STREET ADDRESS **SOUPIOS, MARION D**
CITY-ST-ZIP **2175 S OCEAN BLVD
DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **CRAWFPRD, KAREN M**
CITY-ST-ZIP **2175 S OCEAN BLVD
DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **SCHICHMAN, MICHAEL A**
CITY-ST-ZIP **2175 S OCEAN BLVD
DELRAY BEACH FL 33483**

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 **Pres David Schichman**
STREET ADDRESS **2175 S Ocean Blvd**
CITY-ST-ZIP **Delray Beach, FL 33483**

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

TITLE ☐ Change ☐ Addition
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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 #

4-25-05