2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

DOCUMENT # P98000025276 1. Entity Name RUM ORCHIDS, INC.					04-05-2004 90078 038 ***158.75				
Principal Place of Business 3520 SIXTH AVENUE NE NAPLES, FL 34120		Mailing Address 3520 SIXTH AVENUE NE NAPLES, FL 34120			94044413				
									1861 11 1681
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302004	Chg-P	CR2EC	34 (10/03)	
City & State		City & State		4. FEI Number 59-34992	253	-		plied For t Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of		Ø	\$8.75 Add	litional
_	6. Name and Address of Current	Registered Agent		-	7. Name and A	ddress of New Re	gistered .		
MALONE, RICHARD F JR				Name					
3520 SIXTH AVENUE NE NAPLES, FL 34120				Street Address (P.O. Box Number is Not Acceptable)					
				City				7:- 0-4	,
				City			FL	Zip Code	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registere	ed office or register	ed agent, or both,	in the State of Flor	ida. I am	familiar with,	and accept
SIGNATURE_									
3:UNATORE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campai Trust Fund Contr			00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/CH	HANGES TO OFFIC	CERS AND		SIN 11
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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

3/31/04

Daytime Phone #