

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90047 040 \*\*\*150.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # P99000015370</b><br>1. Entity Name<br>R.K.M. EMBASSY, INC.  |   |  |  |  |  |
| Principal Place of Business<br>100 2ND AVE. S., STE. 204, NORTH TOWER<br>ST. PETERSBURG, FL 33701   |   |  | Mailing Address<br>100 2ND AVE. S., STE. 204, NORTH TOWER<br>ST. PETERSBURG, FL 33701  |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  | 02082005    Chg-P    CR2E034 (10/03)                   |  |
| 4. FEI Number<br>59-3558849   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75</b> Additional Fee Required                  |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent  |  |  |
| ROWE, JAMES C ESQ.<br>770 2ND AVE S<br>ST. PETERSBURG, FL 33701   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>100 2nd Avenue South<br>Suite 204N<br>City<br>St. Petersburg <b>FL</b> Zip Code<br>33701 |  |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees                     |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PS<br>MALOOF, RICHARD K<br>100 2ND AVE. SOUTH, SUITE 204 N.<br>ST. PETERSBURG, FL 33701 | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>MCLEOD, MELISSA<br>100 2ND AVE. SOUTH, SUITE 204 N.<br>ST. PETERSBURG, FL 33701    | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>LLOYD, WILLIAM C<br>100 2ND AVE. SOUTH, SUITE 204 N.<br>ST. PETERSBURG, FL 33701   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |  |  |
| 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: <u>WILLIAM C. LLOYD</u> Date: <u>2.9.05</u> Daytime Phone #: <u>727-895-2150</u>  |  |  |