

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90117 026 \*\*\*150.00

DOCUMENT # P99000027341

1. Entity Name  
RPM MARKETING GROUP, INC.



Principal Place of Business  
6220 S. ORANGE BLOSSOM TRAIL  
SUITE 318  
ORLANDO, FL 32809

Mailing Address  
6220 S. ORANGE BLOSSOM TRAIL  
SUITE 318  
ORLANDO, FL 32809

2. Principal Place of Business  
6220 S. Orange Blossom Trail  
Suite, Apt. #, etc.  
511

3. Mailing Address  
6220 S. Orange Blossom Trail  
Suite, Apt. #, etc.  
511

City & State  
Orlando

City & State  
Orlando FL

Zip  
FL

Country  
32809

Zip  
32809

Country  
USA

05032004

Chg-P

CR2E034 (10/03)

4. FEI Number  
APPLIED EQB 33-1659117

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CAMPBELL, JOHN  
6220 S ORANGE BLOSSOM TRAIL  
BLDG 3  
ORLANDO, FL 32809

## 7. Name and Address of New Registered Agent

Name Douglas E. Carey  
Street Address (P.O. Box Number is Not Acceptable)  
6220 S Orange Blossom Trail #511  
City Orlando FL Zip Code 32809

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 Douglas E. Carey DATE 5/1/04

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CUTLER, DAVID 6220 S ORANGE BLOSSOM TRAIL BLDG 3 ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: DAVID CUTLER DATE 5/1/04 DAYTIME PHONE # 321-689-2629