



FILED
Apr 24, 2006 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # S39368 1. Entity Name RM & RT PAINTING, INC.</div><div style="text-align: center;"></div></div>		<h1>Secretary of State</h1>																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 13965 COLLIER BLVD NAPLES, FL 34119</div><div>Mailing Address 13965 COLLIER BLVD 104 NAPLES, FL 34119</div></div>		 04172006 No Chg-P CR2E034 (11/05)																																									
DO NOT WRITE IN THIS SPACE		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 65-0268889</td><td style="width:20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0268889	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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6. Name and Address of Current Registered Agent SOBEL, RAY 13965 COLLIER BLVD NAPLES, FL 34119-1535		DO NOT WRITE IN THIS SPACE																																									
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td>P</td></tr><tr><td>NAME</td><td>SOBEL, RAY</td></tr><tr><td>STREET ADDRESS</td><td>13965 COLLIER BLVD</td></tr><tr><td>CITY - ST - ZIP</td><td>NAPLES, FL 34119</td></tr><tr><td>TITLE</td><td>T</td></tr><tr><td>NAME</td><td>WIEDER, EDWARD</td></tr><tr><td>STREET ADDRESS</td><td>27321 SW 164 CT</td></tr><tr><td>CITY - ST - ZIP</td><td>HOMESTEAD, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	P	NAME	SOBEL, RAY	STREET ADDRESS	13965 COLLIER BLVD	CITY - ST - ZIP	NAPLES, FL 34119	TITLE	T	NAME	WIEDER, EDWARD	STREET ADDRESS	27321 SW 164 CT	CITY - ST - ZIP	HOMESTEAD, FL	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div style="font-size: 18px; font-weight: bold;">000000527974</div> <div style="font-size: 16px; font-weight: bold;">05/05/06-80017-024 150.00</div> <div style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																											
		<small>Date</small> _____ <small>Daytime Phone #</small> _____																																									