


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90010 019 ***150.00

DOCUMENT # V50472	
1. Entity Name R.K.M. PASCO, INC.	

Principal Place of Business 100 2ND AVENUE SOUTH #204 N ST. PETERSBURG, FL 33701 US	Mailing Address 100 2ND AVENUE SOUTH 204-N ST. PETERSBURG, FL 33701 US
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3136667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALOOF, RICHARD K.
100 2 AVE S. STE 204N
ST. PETERSBURG, FL 33701

**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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALOOF, RICHARD K 100 2ND AVE S. STE 204-N ST PETERSBURG, FL 33701
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IN THIS SPACE**

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: Richard K Maloof R.K. MALOOF 2-8-04 727-895-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #