

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002630

**Entity Name:** LRM INDUSTRIES INTERNATIONAL, INC.

**FILED**  
**Mar 19, 2013**  
**Secretary of State**  
**CC6250216968**

**Current Principal Place of Business:**

135 GUS HIPPI BLVD  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

135 GUS HIPPI BLVD  
ROCKLEDGE, FL 32955

**FEI Number: 27-0463344**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name COOK, E. GARY  
Address 135 GUS HIPPI BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name DEVIVO, DONALD  
Address 135 GUS HIPPI BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title P  
Name COCHRANE, RICHARD M  
Address 135 GUS HIPPI BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title CFOT  
Name NOWAK, CHRISTINE  
Address 135 GUS HIPPI BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title S  
Name HORNBY, SCOTT  
Address 135 GUS HIPPI BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name ESTABIL, MARY  
Address 135 GUS HIPPI BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name POLK, DALE E  
Address 135 GUS HIPPI BLVD  
City-State-Zip: ROCKLEDGE FL 32955

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD M. COCHRANE**

**PRESIDENT**

**03/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date