

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90300 035 ***150.00

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1. Entity Name

RMT VENTURES, INC.



Principal Place of Business

2831 PINELLAS POINT DRIVE SOUTH
ST. PETERSBURG FL 33712

Mailing Address

P.O. BOX 530721
SAINT PETERSBURG FL 33747-0721



2. Principal Place of Business

2831 PINELLAS PT DR S
Suite, Apt. #, etc.

3. Mailing Address

PO Box 530721
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

4. FEI Number

56-2282718

Applied For

Not Applicable

Zip

33712

Country

PINELLAS

Zip

33747

Country

PINELLAS

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, NYREE L
2831 PINELLAS POINT DRIVE
ST. PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

MARK ADAMS

Street Address (P.O. Box Number is Not Acceptable)

2831 PINELLAS POINT DR. SO.

City

ST PETERSBURG

FL

Zip Code

33712

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Nyree L Adams

NYREE L ADAMS

4-19-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ADAMS, NYREE L
STREET ADDRESS 2831 PINELLAS POINT DRIVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE VP ☐ Delete
NAME ADAMS, MARK
STREET ADDRESS 2831 PINELLAS POINT DR SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition
NAME NYREE L ADAMS
STREET ADDRESS 2831 PINELLAS PT DR. SO.
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE P ☒ Change ☐ Addition
NAME MARK ADAMS
STREET ADDRESS 2831 PINELLAS POINT DRIVE SO.
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME WE WANT TO CHANGE
STREET ADDRESS P & VP positions MARK (P) AND
CITY-ST-ZIP NYREE (VP)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mark Adams

MARK ADAMS

4-19-06

727
458-9780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #