


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 579210 1. Entity Name RGM INDUSTRIES, INC.	
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Principal Place of Business 3342 LILLIAN BLVD TITUSVILLE FL 32780 US	Mailing Address 3342 LILLIAN BLVD TITUSVILLE FL 32780 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1366841	<input type="checkbox"/> 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 GOIGEL, RONALD M 3342 LILLIAN BLVD TITUSVILLE FL 32780

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000	<input type="checkbox"/> Delete	SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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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 *Lillian P. Goigel* **LILLIAN P. GOIGEL** *3/20/07* **321-269-4720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #