

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

150

DOCUMENT # 636815

1. Entity Name

RMC EWELL, INC.



FILED

06 MAY 16 PM 5:31

SECRETARY OF STATE



Principal Place of Business

801 MCCUE ROAD
P.O. BOX 3858
LAKELAND FL 33802

Mailing Address

801 MCCUE ROAD
P.O. BOX 3858
LAKELAND FL 33802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 59-1930203

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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 retained when reissuing)

900075476579

05/20/06 01045 008 **1500.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUCKELEW, RICHARD A	
STREET ADDRESS	801 MCCUE RD	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	STOUT, JERRY W	
STREET ADDRESS	801 MCCUE RD	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	MATTEO, NICHOLAS L	
STREET ADDRESS	801 MCCUE RD.	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	AT	<input type="checkbox"/> Delete
NAME	EDGELLER, THOMAS J	
STREET ADDRESS	ONE GLENLAKE PARKWAY, SUITE 600	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	CADENA, JOSE	
STREET ADDRESS	ONE GLENLAKE PARKWAY, SUITE 600	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SIMEONE, JILL	
STREET ADDRESS	ONE GLENLAKE PARKWAY, SUITE 600	
CITY-ST-ZIP	ATLANTA GA 30328	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, Gilberto	
STREET ADDRESS	840 Gessner #1400	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Jesus	
STREET ADDRESS	840 Gessner #1400	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Andy	
STREET ADDRESS	840 Gessner #1400	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edgeller, Thomas J.	
STREET ADDRESS	840 Gessner #1400	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Leslie S.	
STREET ADDRESS	840 Gessner #1400	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	VP-Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorrance K. Smith	
STREET ADDRESS	840 Gessner #1400	
CITY-ST-ZIP	Houston, TX 77024	

JP 5/23

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 the empowered.

SIGNATURE:

Dorrance K. Smith VP-Tax

5/1/06

713-722-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #