

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # 636815

1. Entity Name
RMC EWELL, INC.



Principal Place of Business

**801 MCCUE ROAD
P.O. BOX 3858
LAKE LAND, FL 33802**

Mailing Address

**801 MCCUE ROAD
P.O. BOX 3858 P.O. Box 1500
LAKE LAND, FL 33802 HOUSTON, TX 77251**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD PEREZ, GILBERTO 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GONZALEZ, JESUS 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MILLER, ANDY 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TS EDGE LER, THOMAS J 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASD WHITE, LESLIE S 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SMITH, DORRANCE K 840 GESSNER #1400 HOUSTON, TX 77024

000000761047
05/25/07-80040-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dorrance K. Smith V.P.-TAX 4/25/07

713-650-6200