

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 857747

1. Entity Name
R M F PROPERTIES, INC.



Principal Place of Business
**631 US HWY 1, STE 406
NORTH PALM BEACH, FL 33408 US**

Mailing Address
**631 US HWY 1, STE 406
NORTH PALM BEACH, FL 33408 US**



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1066410

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACKEY, WALTER J., JR.
631 US HWY 1, STE 406
NORTH PALM BEACH, FL 33408**

**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**

000000707138
04/24/07-80062-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	MACKEY, WALTER J., JR.
STREET ADDRESS	772 LAGOON DR
CITY-ST-ZIP	N PALM BCH, FL
TITLE	D
NAME	MACKEY, WALTER J., JR.
STREET ADDRESS	772 LAGOON DR
CITY-ST-ZIP	N PALM BCH, FL
TITLE	S
NAME	MACKEY, LOIS
STREET ADDRESS	772 LAGOON DR
CITY-ST-ZIP	N PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter J. Mackey, Jr.
4/4/07 **564-848-8760**
Date Daytime Phone #