

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90092 015 ***150.00

DOCUMENT # F93000000901

1. Entity Name

R M FINANCIAL CORP.



Principal Place of Business

**2247 PALM BEACH LAKES BLVD., SUITE 20
WEST PALM BEACH FL 33409
US**

Mailing Address

**2247 PALM BEACH LAKES BLVD., SUITE 20
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

631 US HWY ONE

3. Mailing Address

631 US HWY ONE

Suite, Apt. #, etc.

SUITE 406

Suite, Apt. #, etc.

SUITE 406

City & State

NORTH PALM BEACH FLORIDA

City & State

NORTH PALM BEACH FLORIDA

Zip

33408

Country

USA

Zip

33408

Country

USA

6. Name and Address of Current Registered Agent

**MACKEY, WALTER J JR.
2247 PALM BEACH LAKES BLVD. SUITE 204
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

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

631 US HWY ONE

SUITE 406

City

NORTH PALM BEACH

FL

Zip Code
33408

4. FEI Number **31-0831302**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/04)



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, 2005 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 **DCP** ☐ Delete
NAME **MACKEY, WALTER J JR.**
STREET ADDRESS **772 LAGOON DR**
CITY-ST-ZIP **N PALM BCH FL**

TITLE **VP** ☐ Delete
NAME **MACKEY, WALTER J JR.**
STREET ADDRESS **772 LAGOON DR**
CITY-ST-ZIP **N PALM BCH FL**

TITLE **ST** ☐ Delete
NAME **MACKEY, LOIS**
STREET ADDRESS **772 LAGOON DR**
CITY-ST-ZIP **N PALM BEACH FL**

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

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

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

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

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 exemption stated in Section 119.07(3)(i), 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

WALTER J. MACKEY, JR., PRESIDENT 4/05/05 (561)848-8760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #