


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000000901		
1. Entity Name R M FINANCIAL CORP.		
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	

DO NOT WRITE IN THIS SPACE

CO# GL# FILED AMOUNT
20 Apr 25 2006 08:00 AM
 Secretary of State
POSTED
 APPROVAL Chk TOTAL 150.00
 DATE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0831302	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MACKEY, WALTER J JR. 772 LAGOON DR N PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACKEY, WALTER J JR. 772 LAGOON DR N PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACKEY, LOIS 772 LAGOON DR N PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000531853
05/06/06-80061-016 150.00

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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: Edward Williams Edward Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date 4/24/06 Daytime Phone #