

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # K95750

1. Entity Name

RJM ADVERTISING, INC.



**FILED**

**Mar 11, 2005 8:00 am  
Secretary of State**

03-11-2005 90299 041 \*\*\*150.00

Principal Place of Business

5029 W ATLANTIC BLVD  
SUITE 204A  
DELRAY BEACH FL 33484  
US

Mailing Address

5029 W ATLANTIC BLVD  
SUITE 204A  
DELRAY BEACH FL 33484  
US

2. Principal Place of Business

5850 W. ATLANTIC BLVD.  
SUITE # 110

3. Mailing Address

Suite, Apt. #, etc.  
SUITE # 110

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33484

Country  
U.S.A.

Zip

33484

Country

U.S.A.

4. FEI Number

65-0157860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERTES, RICHARD JOSEPH  
15144 TALL OAK AVE  
DELRAY BCH FL 33446

7. Name and Address of New Registered Agent

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERTES, RICHARD JOSEPH 15144 TALL OAK AVENUE DELRAY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERTES, MARGARET C. 15144 TALL OAK AVENUE DELRAY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05 561-637-8009  
Date Daytime Phone #