

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36893

Entity Name: R & M AG., INC.

FILED  
Jan 10, 2012  
Secretary of State

**Current Principal Place of Business:**

505 GREENWOOD AVE  
LEHIGH ACRES, FL 33972 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 GREENWOOD AVE  
LEHIGH ACRES, FL 33972 US

**New Mailing Address:**

FEI Number: 65-0162397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WAFLE, S JANE  
505 GREENWOOD AVE  
LEHIGH ACRES, FL 33972 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WAFLE, RAY J.  
Address: 505 GREENWOOD AVE  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: STD  
Name: WAFLE, S. JANE  
Address: 505 GREENWOOD AVE  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VD  
Name: WAFLE, LANCE H.  
Address: 3300 HAMPTON BLVD  
City-St-Zip: ALVA, FL 33920 US

Title: VD  
Name: DEAN, LAURA K.(WAFLE)  
Address: 230 CALLAWAY AVE. SO.  
City-St-Zip: LEHIGH ACRES, FL 33974 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: S. JANE WAFLE

ST

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date