


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M77943</b> 1. Entity Name RKM HOLDINGS, INC.	
--	---

Principal Place of Business 23 CATALPA COURT FORT MYERS, FL 33919	Mailing Address 23 CATALPA COURT FORT MYERS, FL 33919
---	---

**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0046778	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  
  
MCCLEOD, MICHAEL J D.O.  
23 CATALPA COURT  
FORT MYERS, FL 33919

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, MICHAEL G., M.D 14009 IMAGR LAKE COURT FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEOD, MICHAEL J 23 CATALPA CT FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, BRIAN K 11231 BENT PINE DR FT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000456480  
03/16/06-80028-013 150.00

**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 like empowered.

**SIGNATURE:** Michael J. McCleod 3/1/06 239-464-4830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #