

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90015 040 ***150.00

DOCUMENT # M77943

1. Entity Name
RKM HOLDINGS, INC.



Principal Place of Business Mailing Address
23 CATALPA COURT 10070 MAGNOLIA PT 23 CATALPA COURT 10070 MAGNOLIA POINTE
FORT MYERS, FL 33919 FT. MYERS FL 33919 FORT MYERS, FL 33919 FT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0046778

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLEDO, MICHAEL J D.O.
23 CATALPA COURT
FORT MYERS, FL 33919 10070 MAGNOLIA POINTE
FT. MYERS, FL 33919

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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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAYMOND, MICHAEL G., M.D
STREET ADDRESS	14009 IMAGR LAKE COURT
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D
NAME	MCCLEOD, MICHAEL J
STREET ADDRESS	23 CATALPA CT 10070 MAGNOLIA POINTE
CITY-ST-ZIP	FT MYERS, FL 33919 FT. MYERS, FL 33919
TITLE	D
NAME	KIM, BRIAN K
STREET ADDRESS	11231 BENT PINE DR
CITY-ST-ZIP	FT MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/24/07

Daytime Phone #