



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90034 043 ***150.00

DOCUMENT # M77943 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		
2. Principal Place of Business - No P.O. Box # 14009 IMAGE LAKE COURT Suite, Apt. #, etc.		3. Mailing Address 14009 IMAGE LAKE COURT Suite, Apt. #, etc.			
City & State FT. MYERS, FL Zip 33907		City & State FT. MYERS, FL Zip 33907		4. FEI Number 65-0046778 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MCCLEDO, MICHAEL J D.O. 10070 MAGNOLIA PT. FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name MICHAEL G. RAYMOND Street Address (P.O. Box Number is Not Acceptable) 14009 IMAGE LAKE COURT City FT. MYERS, FL Zip Code 33907		
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  DATE 3/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 RAYMOND, MICHAEL G., M.D. 14009 IMAGR LAKE COURT FORT MYERS, FL 33907	<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 MCCLEOD, MICHAEL J 10070 MAGNOLIA PT. FT MYERS, FL 33919	<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 KIM, BRIAN K 11231 BENT PINE DR FT MYERS, FL 33913	<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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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 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: 				Date 3/10/08 Daytime Phone #	