

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000033101

1. Entity Name
RMMJ, INC.



Principal Place of Business
6165 PARK ROAD
FORT MYERS, FL 33908

Mailing Address
6165 PARK ROAD
FORT MYERS, FL 33908



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
27-0006121

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR.
9180 GALLERIA COURT SUITE 700
NAPLES, FL 34109

**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 reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

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**

U000000606081
01/30/07-80064-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MONTGOMERY, ROBERT M JR
STREET ADDRESS	6165 PARK RD
CITY-ST-ZIP	FT MYERS, FL 33908

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07 **239-433-1290**
Date Daytime Phone #

Robert M Montgomery JR President