


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90415 016 ***150.00

DOCUMENT # P03000032819 1. Entity Name RGM ENGINEERING, INC.					
Principal Place of Business 703 ALEIDA DRIVE ST. AUGUSTINE, FL 32086			Mailing Address 703 ALEIDA DRIVE ST. AUGUSTINE, FL 32086		
2. Principal Place of Business 1930 Wildwood Dr		3. Mailing Address 1930 Wildwood Dr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 27-0050556	
Zip 32086		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent O'CONNELL, W. HENRY 2200 N. PONCE DE LEON BLVD. SUITE 10 ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PVST MORGEN, ROBERT G JR 1930 WILDWOOD DR ST. AUGUSTINE, FL 32086		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 4/25/06 Daytime Phone # 904 825 0664		