

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90020 011 ***158.75

DOCUMENT # P03000038294

1. Entity Name

RCM CONSTRUCTION, INC.



Principal Place of Business

1006 WILD ELM STREET
CELEBRATION FL 34747

Mailing Address

1006 WILD ELM STREET
CELEBRATION FL 34747



2. Principal Place of Business - No P.O. Box #

2730 SOUTHEAST 101ST STREET

3. Mailing Address

2730 SOUTHEAST 101ST STREET

Suite, Apt. #, etc.

OCALA FLORIDA

Suite, Apt. #, etc.

OCALA, FLORIDA

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FE# Number

56-2339471

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

34480

Country

MARION

Zip

34480

Country

MARION

6. Name and Address of Current Registered Agent

PIKE, RONALD L
1006 WILD ELM STREET
CELEBRATION FL 34747

2730 SOUTHEAST 101ST STREET
OCALA, FLORIDA 34480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ronald L Pike

Jan 24, 2008

Signature, typed or printed name of registered agent and title. The principal

100% Registered Agent (signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME PIKE, RONALD L
STREET ADDRESS 1006 WILD ELM STREET
CITY-ST-ZIP CELEBRATION FL 34747

2730 SOUTHEAST 101ST STREET
OCALA, FL 34480

TITLE V ☐ Delete
NAME PIKE, CATHERINE S
STREET ADDRESS 1006 WILD ELM STREET
CITY-ST-ZIP CELEBRATION FL 34747

2730 SOUTHEAST 101ST STREET
OCALA, FL 34480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ronald L Pike

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2008

352-245-5577

File

Designation