2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P03000078122 RMC CONSTRUCTION SERVICES, INC. Mailing Address Principal Place of Business 7412 LANDING PL ZEPHYRHILLS FL 33541 7412 LANDING PL ZEPHYRHILLS FL 33541 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied Far City & State City & State 4. FEI Number 20-0091591 Not Applicat Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code City 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 Constore, typed or pointed name of registered agent and title it applicable DATE (NOTE: highestored Agent signature required when resistating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Feet Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Add Delete TITLE title COREY, RICHARD A NAME NAME U00000510442 STREET ADDRESS 7412 LANDING PL STREET ADDRESS 04/29/06-80007-007 150.00 CITY-\$7-ZiP."* COTY-ST-282 ZEPHYRHILLS FL 33541 Change TITLE ☐ Delete TITLE MAME COREY, MARK W MAME STREET ADDRESS STREET ADDRESS 7412 LANDING PL ZEPHYRHILLS FL 33541 City-St-ZIP CITY-ST-ZIP HILE ☐ Detete Title ☐ Change Africa Africa NAME deadar. STREET ADDRESS STREET ADDRESS CHTY-SI-ZIP EITY-ST-ZIP ☐ Derete ☐ Change $\square N$ TYTE THILE NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change \square 173) E Detete 3133 6 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP

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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 informationated 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter B07, Florida Statutes; and that my name appears in Brock 10 or Broken and a attachment with an address, with all other like empowered

SIGNATURE:

| Part | Part