

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000142245	
1. Entity Name R & M BACKFLOW, INC.	

Principal Place of Business
**175 ANN CIRCLE
CRAWFORDVILLE, FL 32327**Mailing Address
**175 ANN CIRCLE
CRAWFORDVILLE, FL 32327****DO NOT WRITE IN THIS SPACE**

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0429468Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MCGLOHON, ROYCE
175 ANN CIRCLE
CRAWFORDVILLE, FL 32327****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 _____

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****U00000323573
04/22/05-80060-005 150.00****10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MCGLOHON, ROYCE
STREET ADDRESS	175 ANN CIRCLE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(i), 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: _____

Royce M. Glohon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

Date

850 421 1099

Daytime Phone #