***2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000013055

1. Entity Name RGM CONSTRUCTION, INC.



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business 12062 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258 Mailing Address

12062 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04242006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3740462
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ROMANELLO, DUANE C 1919-8 BLANDING BLVD. JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32210				IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its req	gistered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Ro	egistered Agent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	U00000545483 05/11/06-80078-007 150.00	
10.	OFFICERS AND DIREC	CTORS .		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENSFORTH, RONALD 12062 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

12. I hereby certify that the information supplied with this liling 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: A LOLD 6 Man 1 Mar of SIGNING OFFICER OR DIRECTOR 127