


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 025 ***150.00

DOCUMENT # P04000013112					
1. Entity Name RJM OPERATIONS CONSULTING, INC.					
Principal Place of Business 280 VININGS WAY BLVD 5-204 DESTIN, FL 32541			Mailing Address 280 VININGS WAY BLVD 5-204 DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 927 Emerald Bay Drive		3. Mailing Address 927 Emerald Bay Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Destin, FL		City & State Destin, FL		4. FEI Number 20-0640518	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMURRY, RICHARD A 280 VININGS WAY BLVD 5-204 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 927 Emerald Bay Drive City Destin, FL Zip Code 32541		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PDST NAME MCMURRY, RICHARD A STREET ADDRESS 280 VININGS WAY BLVD 5-204 CITY - ST - ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 927 Emerald Bay Drive CITY - ST - ZIP Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME MCMURRY, CHERYL M STREET ADDRESS 280 VININGS WAY BLVD 5-204 CITY - ST - ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 927 Emerald Bay Drive CITY - ST - ZIP Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCMURRY, RHETT A STREET ADDRESS 5635 BAY ISLAND CAY CITY - ST - ZIP ALWORTH, GA 30101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Richard A. McMurry</u> <u>Richard A. McMurry</u> <u>4/20/07</u> <u>850-650-0196</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					