

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P04000013112

1. Entity Name
RJM OPERATIONS CONSULTING, INC.



Principal Place of Business
927 EMERALD BAY DRIVE
DESTIN, FL 32541

Mailing Address
927 EMERALD BAY DRIVE
DESTIN, FL 32541



03212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0640518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMURRY, RICHARD A
927 EMERALD BAY DRIVE
DESTIN, FL 32541

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000875249
04/11/08-80025-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME MCMURRY, RICHARD A
STREET ADDRESS 927 EMERALD BAY DRIVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE VD
NAME MCMURRY, CHERYL M
STREET ADDRESS 927 EMERALD BAY DRIVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME MCMURRY, RHETT A
STREET ADDRESS 5635 BAY ISLAND CAY
CITY-ST-ZIP ALWORTH, GA 30101

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 850.650-0196
Date Daytime Phone #