


-2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000023097
 1. Entity Name
 R.M.I. FOR HOMES, INC.



Principal Place of Business Mailing Address
 20236 SPARKMAN LANE 20236 SPARKMAN LANE
 GROVELAND, FL 34736 GROVELAND, FL 34736



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3781953 Not Applicable

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

6. Name and Address of Current Registered Agent

MADISON, MARGARET
 20236 SPARKMAN LANE
 GROVELAND, FL 34736

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 Margaret Madison Margaret Madison President 4-21-06
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PSD
 NAME MADISON, MARGARET
 STREET ADDRESS 1701 HWY A1A, STE 220
 CITY- ST- ZIP VERO BEACH, FL 329632200

TITLE VTD
 NAME MADISON, PAUL C
 STREET ADDRESS 1701 HWY A1A, STE 220
 CITY- ST- ZIP VERO BEACH, FL 329632200

TITLE
 NAME
 STREET ADDRESS
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U00000529632
 05/05/06-80084-005 150.00

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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: Paul C. Madison Paul C. Madison V.P. 4/21/06 352-250-8933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #