


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MADISON, MARGARET 1701 HWY A1A, STE 220 VERO BEACH, FL 329632206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MADISON, PAUL C 1701 HWY A1A, STE 220 VERO BEACH, FL 329632206
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1000000940858
 05/28/08-80083-011: 150.00

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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul C. Madison* Paul C. MADISON V.P. 4/28/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day