


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90184 012 ***150.00

DOCUMENT # P04000051484	
1. Entity Name RKM TRANSPORTATION, INC.	

Principal Place of Business 96 GLADES CIRCLE LARGO, FL 33771	Mailing Address 96 GLADES CIRCLE LARGO, FL 33771
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40079013



2. Principal Place of Business 405 OCEAN CT -> SAME		3. Mailing Address Suite, Apt. #, etc.	
City & State CLEARWATER		City & State	
Zip FL	Country 33756	Zip	Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0918080

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

6. Name and Address of Current Registered Agent MAZEIKIENE, KRISTINA 96 GLADES CIRCLE LARGO, FL 33771	
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7. Name and Address of New Registered Agent Name MAZEIKIENE KRISTINA Street Address (P.O. Box Number is Not Acceptable) 405 OCEAN CT City CLEARWATER FL Zip Code 33756	
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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  REG. AGENT 04/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZEIKA, ROMUALDAS 96 GLADES CIRCLE LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	405 OCEAN CT CLEARWATER FL 33756 <input checked="" 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
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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:  MAZEIKA ROMUALDAS PRES. 04/13/06 887-641-9819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #