

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

03-28-2005 90074 047 ***150.00

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1. Entity Name
RDMJ, INC.



Principal Place of Business
2360 COREY RD
MALABAR, FL 32950

Mailing Address
2360 COREY RD
MALABAR, FL 32950

66015899



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212005 Chg-P CR2E034 (10/03)

4. FEI Number

42-1642697

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLINGSBY, DAWN M
2360 COREY RD
MALABAR, FL 32950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SLINGSBY, DAWN M *Pres.*
STREET ADDRESS 2360 COREY RD
CITY-ST-ZIP MALABAR, FL 32950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SLINGSBY, RONALD K *V. Pres.*
STREET ADDRESS 2360 COREY RD
CITY-ST-ZIP MALABAR, FL 32950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GABRIEL, WALTRAUD MARY *Sec.*
STREET ADDRESS 100 LAKESHORE DR #1856
CITY-ST-ZIP N PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VERBEKE, JOHN P *Treasurer*
STREET ADDRESS 100 LAKESHORE DR #1856
CITY-ST-ZIP N PALM BEACH, FL 33408

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

President

032105 321-537-1962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #