

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000115169

1. Entity Name
R & M CONSTRUCTION GROUP, INC.



Principal Place of Business
5845 NW 14 ST
SUNRISE, FL 33313

Mailing Address
5845 NW 14 ST
SUNRISE, FL 33313

FILED

05 MAY 27 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1470935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, DARRELL P
5845 NW 14 ST
SUNRISE, FL 33313

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RICHARDSON, DARRELL P
STREET ADDRESS 5845 NW 14 ST
CITY-ST-ZIP SUNRISE, FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME TODD MCGEE
STREET ADDRESS 10522 FAYE WAY
CITY-ST-ZIP TALLAHASSEE, FLA. 32317

TITLE ☐ Change ☒ Addition
NAME GLORIA MCGEE
STREET ADDRESS 10522 FAYE WAY
CITY-ST-ZIP TALLAHASSEE, FLA. 32317

TITLE ☐ Change ☒ Addition
NAME APRYL RICHARDSON
STREET ADDRESS 5845 NW 14th STREET
CITY-ST-ZIP SUNRISE, FLA 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05272005

Date

850-321-1330

Daytime Phone #