

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90094 048 ***150.00

DOCUMENT # P04000144126

1. Entity Name
RJM SPECIALTIES, INC.



Principal Place of Business
10225 HAYWARD RD.
SPRING HILL, FL 34608

Mailing Address
10225 HAYWARD RD.
SPRING HILL, FL 34608

40073203



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1767776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANESCALCHI, RANDY J
10225 HAYWARD RD.
SPRING HILL, FL 34608

**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 Randy Manescalchi 4-11-07
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MANESCALCHI, RANDY J
STREET ADDRESS 10225 HAYWARD RD.
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE VP
NAME Connie Lee Mayo
STREET ADDRESS 2482 N.W. 11th St
CITY-ST-ZIP Spring Hill FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Randy Manescalchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #