

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90048 032 ***150.00

DOCUMENT # P05000033927



1. Entity Name
RKMJ, INC.

Principal Place of Business
**4278 COLUMBIA STREET
ORLANDO, FL 32811**

Mailing Address
**4278 COLUMBIA STREET
ORLANDO, FL 32811**

2. Principal Place of Business - No P.O. Box #
4278 Columbia Street
Suite, Apt. #, etc.

3. Mailing Address
4278 Columbia Street
Suite, Apt. #, etc.



03092007 Chg-P CR2E034 (12/06)

City & State
Orlando FL
Zip
32811
Country
Orange

City & State
Orlando FL
Zip
32811
Country
Orange

4. FEI Number
20-2433058

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCBRIDE, RITCHIE K JR.
4278 COLUMBIA STREET
ORLANDO, FL 32811**

7. Name and Address of New Registered Agent

Name
Ritchie Kelvin McBride Jr.
Street Address (P.O. Box Number is Not Acceptable)
4278 Columbia Street
City
Orlando FL Zip Code
32811

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 **Ritchie Kelvin McBride Jr.** **Ritchie Kelvin McBride Jr.** **04.01.07**
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 NAME STREET ADDRESS CITY-ST-ZIP	P MCBRIDE, RITCHIE K JR. 4278 COLUMBIA STREET ORLANDO, FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCBRIDE, RITCHIE K JR. 4278 COLUMBIA STREET ORLANDO, FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCBRIDE, RITCHIE K JR. 4278 COLUMBIA STREET ORLANDO, FL 32811	<input type="checkbox"/> Delete
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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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McBride Jr, Ritchie K Jr. 4278 Columbia St. Orlando, FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCBRIDE, RITCHIE K JR. 4278 COLUMBIA STREET ORLANDO FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCBRIDE, RITCHIE K JR. 4278 COLUMBIA STREET ORLANDO, FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCBRIDE RITCHIE K JR. 4278 COLUMBIA STREET ORLANDO, FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Ritchie Kelvin McBride Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.01.07 **407-686560**
Date Daytime Phone #