
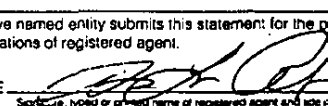
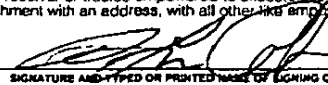


FILED  
Mar 21, 2006 8:00 am  
Secretary of State

02-27-2006 90057 026 \*\*\*150.00

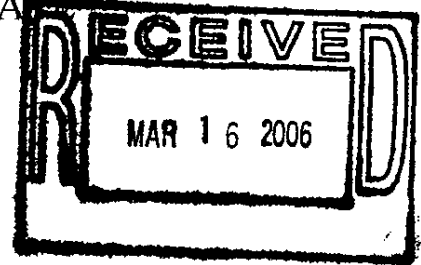
2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P05000041240</b>			
1. Entity Name <b>OSCEOLA RMX, INC.</b>			
Principal Place of Business <b>954 S ORLANDO AVE WINTER PARK, FL 32789 US</b>		Mailing Address <b>843 CYPRESS PARKWAY #404 POINCIANA, FL 34759 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01182008 Chg-P CR2E034 (11/05)	
4. FEI Number <b>20-2526337</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEFKOWITZ, IVAN M 430 N MILLS AVE ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>R. Lee Acker</b> Street Address (P.O. Box Number is Not Acceptable) <b>954 So. Orlando Ave.</b> City <b>Winter Park FL</b> Zip Code <b>32789</b>	
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  <b>R. Lee Acker</b> DATE <b>2/22/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ACKER, RONALD L SR 954 S ORLANDO AVE WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Acker, R. Lee 954 S. Orlando Ave. Winter Park, FL 32789</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Owner</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Operations</b> <input 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	<b>Acker, Kevin 954 S. Orlando Ave. Winter Park, FL 32789</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Sales</b> <input 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
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 info empowered.			
SIGNATURE:  <b>R. Lee Acker</b>		DATE <b>2/22/2006</b> 407 629-6330	



ATTACHMENT  
66006214

FLORIDA DEPARTMENT OF STATE  
Division of Corporations



March 2, 2006

OSCEOLA RMX, INC.  
843 CYPRESS PARKWAY  
#404  
POINCIANA, FL 34759 US

Subject: OSCEOLA RMX, INC.

Reference Number: **P05000041240**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

- ✍ Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION