

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074603

FILED
Apr 09, 2010
Secretary of State

Entity Name: RM ADVISORS, INC.

Current Principal Place of Business:

1408 WILLARD AVENUE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

1408 WILLARD AVENUE
LEHIGH ACRES, FL 33972 US

Current Mailing Address:

1408 WILLARD AVENUE
LEHIGH ACRES, FL 33972

New Mailing Address:

1408 WILLARD AVENUE
LEHIGH ACRES, FL 33972 US

FEI Number: 32-0150086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBYN L
1408 WILLARD AVENUE
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MILLER, ROBYN L
Address: 1408 WILLARD AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: D
Name: MILLER, CHARLES P
Address: 251 DAVID AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: D
Name: MILLER, CHRISTOPHER W SR
Address: 1408 WILLARD AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VP
Name: AKBARI, REEMA L
Address: 105 SABRINA LANE
City-St-Zip: SEVERNA PARK, MD 21146 US

Title: TR
Name: NIXON, DEBRA L
Address: 210 EAST JERSEY ROAD
City-St-Zip: LEHIGH ACRES, FL 33936 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBYN L MILLER

P

04/09/2010

Electronic Signature of Signing Officer or Director

_____ Date