

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90088 031 ***150.00

DOCUMENT # P05000075237

1. Entity Name
RMB SERVICES, INC.



Principal Place of Business
**3240 BUCKHORN DRIVE
 CLEARWATER, FL 33761**

Mailing Address
**3240 BUCKHORN DRIVE
 CLEARWATER, FL 33761**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 14655
 Suite, Apt. #, etc.

City & State
Clearwater, FL

Zip
33766-4655

Country
USA

40031494



01152006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2924306

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BELLVILLE, RICHARD
 3240 BUCKHORN DRIVE
 CLEARWATER, FL 33761**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELLVILLE, RICHARD	
STREET ADDRESS	3240 BUCKHORN DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael R. Bellville	
STREET ADDRESS	124 West Main, #1	
CITY-ST-ZIP	Littleton, NH 03561	
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Bellville	
STREET ADDRESS	3240 Buckhorn Drive	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, when so otherwise empowered.

SIGNATURE:  **Richard F. Bellville** Date: **3/08/06** Daytime Phone #: **727-784-4596**