

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90350 033 ***150.00

DOCUMENT # P05000155759

1. Entity Name
RM-KM INTERESTS, INC.



Principal Place of Business
1301 RIVERPLACE BLVD., SUITE 1609
JACKSONVILLE, FL 32207

Mailing Address
1301 RIVERPLACE BLVD., SUITE 1609
JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #
501 Riverside Ave.

3. Mailing Address
501 Riverside Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 601

Ste. 601

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32202

US

32202

US

6. Name and Address of Current Registered Agent

04242008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3881675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

PEEK, EUGENE G III
1301 RIVERPLACE BLVD., SUITE 1609
JACKSONVILLE, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)
501 Riverside Ave., Ste. 601

City

Jacksonville

FL

Zip Code

32202

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

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, 2008 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 ☐ Delete
NAME PEEK, EUGENE G III
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1609
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE PD ☐ Delete
NAME MURPHY, ROBERT M
STREET ADDRESS 4520 YIA HUERTO
CITY-ST-ZIP SANTA BARBARA, CA 93110

TITLE VPD ☐ Delete
NAME MURPHY, KEVIN M
STREET ADDRESS 2798 SE NORMAND ST
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 501 Riverside Ave., Ste. 601
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE G PEEK III, DIRECTOR

04/24/08

Date

(904) 399-1609

Daytime Phone #