2008 FOR PROFIT CORPORATION ANNUAL REPORT



Principal Prises of Districts Salph (Ur) Salph (COLOMA BLVD) SAIP (COLOMA BLVD) SAI	DOCUMENT # P07000024813 1. Entity Name RMA GEOLOGIC CONSULTANTS, INC.							01-16-200	90051 021 *	**150.00			
Surie: Apt. F. etc. Surie: Apt. F. etc. O1042008 Chg.P CR2E034 (12/06) City & State Cxy & State Cxy & State A. FEI Number St. 7 BB Applicable For No. Applicable Fo	3800 COLONIAL BLVD. Suite 101			3800 COLONIAL BLVD. Suite 101					 Alfin reh aldi (116) #412				
City & Sate Cay & State Cay & State A. FEI Namber Cay & State Cay & State A. FEI Namber Cay & State A. FEI Namber Cay & State Cay & Cay	2. Principal P	face of Busin	iess - No P.O. Box #	3. Mailing Address									
Security									· · · · · · · · · · · · · · · · · · ·	<u> </u>			
B. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent F. Name and Addr	City & State			City & State			4. FEI Numb	*856 78B	I				
ROPRIGUEZ OMAR 911 SW 35TH STREET CAPE CORAL, FL 33914 Sincel Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code	Zip	Country		Zip	Country		5. Certificate	of Status Desired	S8.75 A	dditional red			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named onliny submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stata of Fortids. I am familiate with, and accept the obligations of registered agent. SIGNATURE SIG	Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	gistered Agent				
B. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	911 SW 35TH STREET					Street Address (P.O. Box Numb	er is Not Acceptable))				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered ogent. SIGNATURE SIGNATUR						City			FI Zip Co	de			
SIGNATURE Community FeE 13 150.00 Charge Financing S5.00 May Be Trust Fund Contribution. S5.00 May Be Trust Fund Contribution. S5.00 May Be Added to Fees Steel Added to Fee	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. Lam familiar with, and accept												
FILE NOWTH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 Delete Trust Fund Controbution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PORTIGUEZ, OMAR RODRIGUEZ, OMAR STREET ADDRESS 91 SW 35TH STREET CAPE CORAL, FL 33914 TO MAKE ACQULAVIVA, DANIEL J SIREET ADDRESS 101'-51-79 AVY P. MAY MAYNE, DONALD W SIRET ADDRESS 101'-51-79 Delete MAYNE, DONALD W SIRET ADDRESS 101'-51-79 D													
Added to Fees 10. OFFICERS AND DIRECTORS	Signiture, ripped or printed name of registered agent and little if applicable. (NOTE Registered Agent signisture required when remissions) DATE												
ITILE	FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Compaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
RODRIGUEZ, OMAR SIRER ADDRESS 911 SW 35TH STREET CAPE CORAL, FL 33914 CITY-S1-2P ACQUAVIVA, DANIEL J SIRER ADDRESS CITY-S1-2P STREET ADDRESS CITY-S1-2P TITLE VP MAYNE, DONALD W SIRER ADDRESS SIRER ADDRESS CITY-S1-2P MAYNE, DONALD W SIRER ADDRESS CITY-S1-2P SIRER ADDRESS CITY-S1-2P TITLE MAYNE, DONALD W SIRER ADDRESS CITY-S1-2P TITLE MAYNE, DORESS CIT		La					ADDITIONS	CHANGES TO OFFIC		RS IN 11			
STREET ADDRESS CITY-ST-2P CAPE CORAL, FL 33914 TID TID CAPE CORAL, FL 33914 TILE CAPE CORAL, FL 33918 CITY-ST-2P TILE CAPE CORAL, FL 33928 CITY-ST-2P CAPE CORAL, FL 33991 CITY-ST-2P CAPE CORAL, FL 33928 CITY-ST-2P CAPE CORAL, FL 33918 CITY-ST-2P CAPE CORAL, FL 33928 CITY-ST-2P CAPE CORAL, FL 33918 CITY-ST-2P CAPE CORAL, FL 33918 CITY-ST-2P CAPE CORAL, FL 33914 CITY-ST-2P CAPE CORAL, FL 33918 CITY-ST-2P CAPE CORAL FL 33928 CITY-ST-2P CITY-ST-2P CAPE CORAL FL 33918 CITY-ST-2P CAPE CORAL FL 33918 CITY-ST-2P CAPE CORAL FL 33918 CITY-ST-2P CAPE CORAL FL 33991 CITY-ST-2P CITY-S		· · · · · · · · · · · · · · · · · · ·							☐ Change	☐ Addition			
NAME SIREE ADDRESS CITY-ST-2P ESTERO, FL 33928 CITY-ST-2P CITY-ST-		911 SW 35TH STREET ST											
STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TITLE VP MAYE, DONALD W MAYE, DONALD W MAYE, DONALD W MAYE, DONALD W MAYE MAYE, COPE CORAL, FL 33991 CITY-ST-ZIP CAPE CORAL, FL 33991 CITY-ST-ZIP TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET AD		TD Defete TITL				I			☐ Change	Addition			
TITLE VP DONALD W SIRET ADDRESS 1224 SW 8TH PL SIRET ADDRESS CITY-SI-2P Delice STREET ADDRESS CITY-SI-2P Delice STREET ADDRESS CITY-SI-2P Delice STREET ADDRESS CITY-SI-2P Delice STREET ADDRESS CITY-SI-2P TITLE DELICE STREET TITLE DELICE STREE	STREET ADDRESS	22042 SEASHORE CIR SIR											
MAYNE, DONALD W SIRET ADDRESS CITY-ST-RP CAPE CORAL, FL 33991 TITLE TIT		†							Chance				
CITY-SI-7P CAPE CORAL, FL 33991 CITY-SI-7P Delate ITILE CHANGE STREET ADDRESS CITY-SI-7P CHANGE CHANGE STREET ADDRESS CITY-SI-7P CHANGE CHANGE CHANGE CHANGE STREET ADDRESS CITY-SI-7P CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE STREET ADDRESS CITY-SI-7P CHANGE C	NAME	MAYNE,		CT Delete	NAM	.			புபறை	Li Addition			
NAME SIRET ADDRESS GITY-SI-AP TITLE GITHE GITHE GITHE GITHE GITH-SI-AP TITLE GITH-						1							
STREET ADDRESS CITY-ST-OP TITLE CITY-ST-OP TIT				Delicie	*					Addition ·			
ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.						i							
NAME STREET ADDRESS CITY-ST-AP TITLE Delate TITLE NAME STREET ADDRESS CITY-ST-AP TITLE NAME STREET ADDRESS CITY-ST-AP TITLE NAME STREET ADDRESS CITY-ST-AP 12. I hereby certify that the information supplied with this filling 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 oeth; that if 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 attachming with an address, with all other like empowered.				C) 5-1	-					- Description			
CITY-ST-ZIP ITILE Delate TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Stanutes. 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 outh; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachming with an address, with all other like empowered.	-	1		□ Delete		•				LI Addison			
NAME SIRET ADDRESS CITY-S1-UP 12. I hereby certify that the information supplied with this filling 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 it 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.										Í			
SIRET ADDRESS CITY-ST-UP SIRET ADDRESS CITY-ST-UP CITY-ST-UP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Stanutes. 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 ooth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.				☐ Delete			-		Change	Addition			
12. I hereby certify that the information supplied with this filling 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 to.		1				1)			
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cett; that it 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 attachinged with an address, with all other like empowered.		1							- ; *- 				
(14/2 m/2 620) WE 1010	12. I nereby o	certify that the	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 ceth; that if 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 attachmost with an address, with all other like empowered.										
SIGNATURE: 1/9/00/0 (297) 975 - 1818 SIGNATURE AND TYPED OR PRINTED HAMPOOF BIGHING DIFFICER OR DIRECTOR Date	of the cor	rporation or th	ne receiver or trustee empo	wered to execute this report	as requi	rad by Chapter 607				,			