

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90209 002 ***150.00

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04212008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0681053** Applied For ☒ Not Applicable

5. Certificate of Status Desired **No** \$8.75 Additional Fee Required

DOCUMENT # P07000088922

1. Entity Name
SRMC CORP



Principal Place of Business
4794 NORTH CITATION DRIVE
#205
DELRAY BEACH, FL 33445 US

Mailing Address
4794 NORTH CITATION DRIVE
#205
DELRAY BEACH, FL 33445 US

2. Principal Place of Business - No P.O. Box #
3204 Robbins Rd.

Suite, Apt. #, etc

City & State
Pompano Beach

Zip
33062

Country
Broward

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOLES, DOUGLAS
4794 NORTH CITATION DRIVE
#205
DELRAY BEACH, FL 33445

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 Douglas G. Boles

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE P BOLES, DOUGLAS G ☐ Delete

NAME

STREET ADDRESS 4794 NORTH CITATION DRIVE #205

CITY-ST-ZIP DELRAY BEACH, FL 33445

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Douglas Boles ☒ Change ☐ Addition

NAME

STREET ADDRESS 3204 Robbins Rd.

CITY-ST-ZIP Pompano Beach, FL 33062

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 like empowered.

SIGNATURE: Douglas G. Boles (Douglas G. Boles) 4/21/08 (561-699-6606)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #