

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083211

Entity Name: RTM SERVICES INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

4602 HIGHWAY 273
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

PO BOX 223
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 26-2034929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRIS, HARRY E
4602 HIGHWAY 273
GRACEVILLE, FL 32440 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 () Delete
Name: FARRIS, HARRY
Address: PO BOX 232
City-St-Zip: GRACEVILLE, FL 32440

Title: VP () Delete
Name: FARRIS, JODY E
Address: 4622 HIGHWAY 273
City-St-Zip: GRACEVILLE, FL 32440

Title: S () Delete
Name: FARRIS, LUCRETIA W
Address: PO BOX 232
City-St-Zip: GRACEVILLE, FL 32440

Title: VP () Delete
Name: CLEVELAND, GERALD W
Address: 1329 ORANGE HILL RD
City-St-Zip: CHIPLEY, FL 32428

Title: VP () Delete
Name: CONKLIN, ANTHONY J SR
Address: 4457 FAIRFAX RD
City-St-Zip: MARIANNA, FL 32446

Title: VP () Delete
Name: MCELROY, JOHN
Address: 4602 HIGHWAY 273
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RONNIE, LOCKE
Address: 2149 PLEASANT HILL ROAD
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUCRETIA W. FARRIS

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date