

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000032742 1. Entity Name R-M DEVELOPMENT GROUP, INC.	
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Principal Place of Business C/O MITCHELL MCRAE 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33484	Mailing Address C/O MITCHELL MCRAE 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33484
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DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0500614	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCRAE, MITCHELL T ESQ 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33484	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, GERALD L 21 N.W. 12TH STREET DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT FECHEIMER, FRED 1577 N WOODWARD AVE STE 300 BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GORDON, HAROLD 2 GROVE ISLE, 21 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/05-80060-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gerald Robinson Gerald Robinson 4/22/05 561-6289091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #