

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 A
Secretary of State

DOCUMENT # P95000069439

1. Entity Name
AK-RBM, INC.



Principal Place of Business

**404 72ND ST
HOLMES BEACH, FL 34217**

Mailing Address

**89 KIRKLEES RD
PITTSFORD, NY 14534 US**

DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0648543	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERNFIELD, JOHN S
404 72ND ST
HOLMES BEACH, FL 34217**

**DO NOT WRITE
IN THIS SPACE**

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**

02/15/09-80091-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BERNFIELD, JOHN S
STREET ADDRESS	404 72ND ST
CITY-ST-ZIP	HOLMES BEACH, FL 34217

TITLE	VPD
NAME	BERNFIELD, TIMOTHY L
STREET ADDRESS	10 WILSON DRIVE
CITY-ST-ZIP	MOORESVILLE, IN 46158

TITLE	D
NAME	SCHLIMME, CAROLYN SUE
STREET ADDRESS	89 KIRKLEES RD
CITY-ST-ZIP	PITTSFORD, NY 14534

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John S. Bernfield **John S. Bernfield**

1/29/08

585 925-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #