



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000101728	
1. Entity Name RMAC COMMUNICATIONS, INC.	

Principal Place of Business 2311A WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 US	Mailing Address 2311A WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 US
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0798113	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MACDONALD, ROBERT J
6110 9TH AVENUE CIRCLE NE
BRADENTON, FL 34212

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000916702 05/13/08-80012-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	NAME MACDONALD, ROBERT J
STREET ADDRESS 6110 9TH AVENUE CIRCLE NE	CITY-ST-ZIP BRADENTON, FL 34212
TITLE VP	NAME MACDONALD, ROBERT B
STREET ADDRESS 3506 23RD AVENUE WEST	CITY-ST-ZIP BRADENTON, FL 34205
TITLE T	NAME MACDONALD, CHRISTIE S
STREET ADDRESS 6110 9TH AVENUE CIRCLE NE	CITY-ST-ZIP BRADENTON, FL 34212
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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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: *Christie S. MacDonald* / Christie S. MacDonald **4/21/08** 941-747-6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #