

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-07-2008 90018 025 ***150.00

DOCUMENT # P97000106327 1. Entity Name RMC INDUSTRIAL MACHINING, INC.	
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Principal Place of Business 1721 BENBOW COURT UNIT C APOPKA, FL 32703	Mailing Address 1721 BENBOW COURT UNIT C APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE

66003001



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3488620	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SNOWDEN, JR, JAMES C 1721 BENBOW COURT UNIT C APOPKA, FL 32703	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 _____
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SNOWDEN, JAMES C JR. 615 W KING STREET ORLANDO, FL 32804
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**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: James C Snowden Jr 3/6/08 407/880-2993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #