2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2008 08:00 AN Secretary of State DOCUMENT # P99000043255 1. Entity Name RJM CONTRACTING, INC. Maling Address Principal Place of Business 630 BROOKFIELD LOOP 630 BROOKFIELD LOOP LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business - No P.C. Box # 3. Maling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3579234 Not Applicable Ζıρ Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYERS, RAYMOND J JR 630 BROOKFIELD LOOP Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 City Zip Code 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 minied leanin of rought real alternation stiell amplicable. SKOTE Recistered Aperit a ripotum requirer, when remember of DATE FILE NOW!!!- FEE!IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE TITI F ☐ Change ☐ Derete Addition NAME MEYERS, RAYMOND J NAME U00000899422 04/**28**/08-80038-016 150.00 STREET ADDRESS 630 BROOKFIELD LOOP STREET ADDRESS CITY- ST- ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME MEYERS, CAROL L HAME STREET ADDRESS 630 BROOKFIELD LOOP STREFT ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP FILLE Derete THE Channe Addition NAME MEYERS, CAROL STREET ADDRESS STREET ADDRESS 630 BROOKFIELD LOOP CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-7IP 1111.6 ☐ Delete TITLE Change Change Addition MEYERS, RAYMOND NAME МАМГ 630 BROOKFIELD LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Deiele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 offect 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.

Daysine Phone #

SIGNATURE: