

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098666

Entity Name: RMC ASSOCIATES INC.

FILED
Jul 08, 2004
Secretary of State

Current Principal Place of Business:

733 PALM HAMMOCK CIRCLE
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

733 PALM HAMMOCK CIRCLE
ST AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-3620823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, LISA M
4475 US 1 SOUTH, SUITE 201
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: CROSS, WILLIAM L
Address: 733 PALM HAMMOCK CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D () Delete
Name: DARCY, MICHAEL
Address: 1775 K STREET NW
City-St-Zip: WASHINGTON, DC

Title: D () Delete
Name: JOHNSON, ROBERT
Address: 1750 HWY A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: BAGDORF, HOWARD
Address: 228 E 45TH ST 9TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/VP (X) Change () Addition
Name: CROSS, WILLIAM L
Address: 733 PALM HAMMOCK CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/PR (X) Change () Addition
Name: CROSS, WINNIE B
Address: 733 PALM HAMMOCK CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. CROSS

VP

07/08/2004

Electronic Signature of Signing Officer or Director

Date