# 2005 FOR PROFIT CORPORATION
## ANNUAL REPORT (AR)

**DOCUMENT # S47964**

1. Entity Name

RMS SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1773 HARBORSIDE CIR<br>WELLINGTON FL 33414<br>US | 1773 HARBORSIDE CIR<br>WELLINGTON FL 33414<br>US |

1st MOORE    CR2E034  (10/04)

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt #, etc | |
| City & State | City & State | 4. FEI Number  65-0259898 |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |

Applied For / Not Applicable

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SANDLER, MARTIN E.<br>1773 HARBORSIDE CIRCLE<br>WEST PALM BEACH FL 33414-8080 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City _____ FL  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 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, 2005 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution ☐    **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | DP | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SANDLER, MARTIN E. | | NAME | |
| STREET ADDRESS | 1773 HARBORSIDE CIRCLE | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | U000000247870  ☐ Change ☐ Addition |
| NAME | | | NAME | 03/02/05--80007--001  150.00 |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____  MARTIN E. SANDLER  2/28/05  561/791-3900

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