
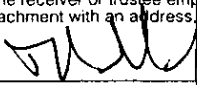


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90162 025 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 667885		
1. Entity Name RJ PROPERTIES, INC.		
Principal Place of Business 1100 ABERNATHY ROAD NE NORTHPARK 500 SUITE 700 ATLANTA, GA 30328 US		Mailing Address 1100 ABERNATHY ROAD NE NORTHPARK 500 SUITE 700 ATLANTA, GA 30328 US
DO NOT WRITE IN THIS SPACE		
		04282004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2042811		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 MATECKI, PAUL L 880 CARILLON PKWY. ST. PETERSBURG, FL 33716		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOSBY, J. D III 880 CARILLONPKWY ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVE, ROBERT 1100 ABERNATHY RD NE BLDG 500 STE 700 ATLANTA, GA 30328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: 		Vice President/Director <i>4/30/2004</i> J. Davenport Mosby, III <i>727 567 4824</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #