


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 696021		
1. Entity Name R J SPECIALIST CORP.		
Principal Place of Business 880 CARILLON PARKWAY P.O. BOX 12749 ST PETERSBURG, FL 33733-2749		Mailing Address 880 CARILLON PARKWAY P.O. BOX 12749 ST PETERSBURG, FL 33733-2749



DO NOT WRITE IN THIS SPACE

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2110303	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 PARKWAY ST. PETERSBURG, FL 33716
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAMES, THOMAS 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHUCK, ROBERT F. 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JULIEN, JEFFREY P. 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/20/04-80059-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jeffrey P. Julien** **APR 08 2004** **727-567-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #