


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 696021 1. Entity Name R J SPECIALIST CORP.	
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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
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2110303	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MATECKI, PAUL L
880 CARILLON PARKWAY
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000361451
05/05/05-80078-006 150.00

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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 Julien Jeffrey Julien 4/28/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727 567 3800