## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 08, 2004 8:00 am Secretary of State

| DOCUMENT # F03000003559  1. Entity Name RJ INVESTIGATIONS, INC.  |                  |                               |  |                        |  |                                | 09-08-200                     | 4 90118 042 *                            | **150.00                       |  |
|--|------------------|-------------------------------|--|------------------------|--|--------------------------------|-------------------------------|--|--------------------------------|--|
| Principal Place of Business  |                  |                               | Mailing Address                                    |                        |  |                                |                               |  |                                |  |
| 10300 SW 20TH COURT<br>MIRAMAR, FL 33025   |                  |                               | 5674 MOUNTAIN CRESCENT<br>STONE MOUNTAIN, GA 30087 |                        |  |                                |                               | ,  |                                |  |
|  | 11<br>3          |                               |  |                        |  |                                |                               |  |                                |  |
| 2. Principal Place of Business   |                  |                               | 3. Mailing Address                                 |                        |  |                                |                               |  |                                |  |
| Suite, Apt. #, etc.  |                  |                               | Suite, Apt. #, etc.                                |                        |  | 07282004                       | Chg-P                         | CR2E034 (10                              | /03)                           |  |
| , City & State   |                  |                               | City & State                                       |                        |  | 4. FEI Numb                    | er<br>33566                   |  | Applied For<br>Not Applicable  |  |
| Zip  | ip Country       |                               | Zip Coun   |                        | ntry   | 5. Certificate                 | of Status Desired             | □ \$8.75<br>Fee Re                       | Additional quired              |  |
|  | 6. Name          | and Address of Current        | Registered Agent                                   |                        |  | 7. Name and                    | Address of New !              | Registered Agent                         |                                |  |
| IACKEON  | JACKSON, RAYMOND |                               |  |                        |  | Name                           |                               |  |                                |  |
| 10300 SW<br>MIRAMAR  | 20TH CC          | URT                           |  |                        | Street Address (P.O. Box Number is Not Acceptable) |                                |                               |  |                                |  |
|  |                  |                               |  |                        |  |                                |                               |  |                                |  |
|  |                  |                               |  |                        | City   |                                |                               |  | 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 NOWILL FEE 18 \$150.00  Due by September 8, 2004  9. Election Campaign Financi Trust Fund Contribution.   |                  |                               |  |                        |  | \$5.00 May Be<br>Added to Fees | In accordance corporation did | with s.,607.193(2<br>I not receive the p | )(b), F.S., the<br>mor notice. |  |
| 10.  |                  | OFFICERS AND                  | DIRECTORS  | 11.                    |  | ADDITIONS                      | CHANGES TO OF                 | FICERS AND DIREC                         | TORS IN 11                     |  |
| TITLE  | P Delete TITT    |                               |  |                        |  |                                |                               | ☐ Ch                                     | ange 🔲 Addition                |  |
| NAME<br>Street Address   |                  | N, RAYMOND<br>UNTAIN CRESCENT |  | NAME<br>Street address |  |                                |                               |  |                                |  |
| CITY-ST-ZIP  | l .              | OUNTAIN, GA 30087             |  |                        | r-ST-ZIP   |                                |                               |  |                                |  |
| TITLE  | ☐ Delete TITL    |                               |  |                        | £ .  |                                |                               | ☐ Ch                                     | ange                           |  |
| NAME   | 1 1              |                               |  | NAM                    |  |                                |                               | _  | - –                            |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | ت ا              |                               |  |                        | EET ADORESS<br>(-ST-ZIP                            |                                |                               |  | ·                              |  |
| TITLE  |                  |                               | ☐ Delete   | TITL                   |  |                                |                               | □ Ch                                     | ange                           |  |
| NAME   | - 4              | لي الرياضية الما              |  | NAW                    | Æ  |                                |                               | - <u> </u>                               |                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | ÷                |                               |  | · •                    | EET ADDRESS<br>(-ST-ZIP                            |                                |                               |  |                                |  |
| TITLE  | ,                |                               | ☐ Delete   | III.                   |  |                                |                               | ☐ Chi                                    | ange                           |  |
| NAME   | i i              |                               |  | NAM                    |  |                                |                               |  |                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |                  |                               |  |                        | EET ADDRESS<br>(-ST-ZIP                            |                                |                               |  |                                |  |
| TITLE  | 20               |                               | ☐ Delete   | TITL                   | E  |                                |                               | □ Ch                                     | ange 🔲 Addition                |  |
| NAME<br>Street address   | }                |                               |  | NAM                    | AE<br>EET ADDRESS                                  |                                |                               |  |                                |  |
| CITY-ST-ZIP  | ų<br>i           |                               | :  |                        | -ST-ZIP  |                                |                               |  |                                |  |
| TITLE  |                  |                               | Delete .   | TITL                   | E  |                                |                               | □ Ch                                     | ange                           |  |
| NAME<br>STREET ADDRESS   |                  | •                             | •  | NAM                    | 1  |                                | •                             |  |                                |  |
| CITY-ST-ZIP  |                  | · ,                           |  |                        | EET ADORESS<br>(-ST-ZIP                            |                                |                               | •  |                                |  |
| 12. I hereby certify that the information supplied with this filling 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: My MAN JOCHA RAY MOND JACKSON AUG 1, 2004 770 322 2568 SIGNATURE: My MAN TYPEGOR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Date Date Date Date Date Despire Priors #   |                  |                               |  |                        |  |                                |                               |  |                                |  |