

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F07000004736**

1. Entity Name  
RJBH, INC.



Principal Place of Business  
10889 N HWY 301  
SUITE 17  
OXFORD, FL 34484

Mailing Address  
408 HENGAN PLACE  
THE VILLAGES, FL 32162

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1262366

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MYERS, SUSAN  
10889 N HWY 301  
SUITE 17  
OXFORD, FL 34484

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000959481  
09/11/08-80003-010 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPT  
MYERS, LES  
408 HENGAN PLACE  
THE VILLAGES, FL 32162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCVP  
MYERS, SUSAN  
408 HENGAN PLACE  
THE VILLAGES, FL 32162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MYERS, SUSAN  
408 HENGAN PLACE  
THE VILLAGES, FL 32162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Les Myers*

9/9/2008

Date

852-689-0207

Daytime Phone