


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F86050</b> 1. Entity Name RJ COMMUNICATION, INC.	
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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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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2219197	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
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**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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES, THOMAS A. 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHUCK, ROBERT F. 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, MICHAEL K 880 CARILLON PARKWAY SAINT PETERSBURG, FL 337165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/05/05-80085-006 150.00

**DO NOT WRITE  
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: Michael White 5/2/04 727562517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #