

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90250 015 ***150.00

DOCUMENT # F86050

1. Entity Name
RJ COMMUNICATION, INC.



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

50018686



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2219197	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 _____
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, 2006 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	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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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: Michael White 4/19/06 723-567-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #