

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**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**



02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2219197**

Applied For  
Not Applicable

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JAMES, THOMAS A.
STREET ADDRESS	880 CARILLION PKWY
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	VD
NAME	SHUCK, ROBERT F.
STREET ADDRESS	880 CARILLON PKWY
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	STD
NAME	PIPPENGER, LYNN
STREET ADDRESS	880 CARILLON PKWY
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	P
NAME	WHITE, MICHAEL K
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	SAINT PETERSBURG, FL 337165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000717145  
04/30/07-80036-009 150.00

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** *Lynn Pippenger* **Lynn Pippenger**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/07*  
Date

*727-567-3800*  
Daytime Phone #