

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 013 ***150.00

DOCUMENT # F93000005791					
1. Entity Name RJ MORTGAGE ACCEPTANCE CORPORATION					
Principal Place of Business 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716			Mailing Address 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3215402	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHUCK, ROBERT F 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSBY, J D III		NAME	Humphreys, Sandra	
STREET ADDRESS	880 CARILLON PARKWAY		STREET ADDRESS	880 Carillon Parkway	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYLER, VAN C		NAME	wilson, Donna L	
STREET ADDRESS	880 CARILLON PARKWAY		STREET ADDRESS	880 Carillon Parkway	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SANDRA C		NAME	Bell, Sandra G.	
STREET ADDRESS	880 CARILLON PKWY		STREET ADDRESS	880 Cari llon Parkway	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Donna L. Wilson</i>		Donna L. Wilson		4/1/07 727-567-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	