


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

10PZ

DOCUMENT # F93000005791		
1. Entity Name RJ MORTGAGE ACCEPTANCE CORPORATION		

FILED

2008 MAY -1 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	Mailing Address 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04242008 Chg-P CR2E034 (12/06)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3215402	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. 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	
Ne	CT Corporation System
St	1200 South Pine Island Road
	Plantation, FL 33324
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 <i>Barbara A. Burke</i>	DATE <i>4/30/08</i>

**Barbara A. Burke**  
Special Assistant Secretary

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DP MOSBY, J D III 880 CARILLON PARKWAY ST. PETERSBURG, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYLER, VAN C 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BELL, SANDRA G 880 CARILLON PKWY SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUMPREYS, SANDRA 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILSON, DONNA L 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100129225051  
05/13/08--01036--016 \*\*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: <i>Sandra Humphreys</i>	4/29/08	727-567-5148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SANDRA HUMPHREYS, SECRETARY	Date	Daytime Phone #

2 of 2

**RJ MORTGAGE ACCEPTANCE CORPORATION**

**DIRECTORS:**

J. Davenport Mosby III  
Van C. Sayler

Incorporated 12/3/93  
Delaware Corporation  
59-3215402

**OFFICERS:**

J. Davenport Mosby, III	President
Sandra Humphreys	Secretary/Treasurer
Sandra G. Bell	Assistant Secretary