

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000000413</b> 1. Entity Name <b>RJEIF, INC.</b>																																																																													
Principal Place of Business <b>880 CARILLON PKWY</b> <b>ST PETERSBURG, FL 33716 US</b>			Mailing Address <b>880 CARILLON PKWY</b> <b>ST PETERSBURG, FL 33716 US</b>																																																																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  04022004    Chg-P    CR2E034 (10/03)																																																																									
City & State		City & State																																																																											
Zip                      Country		Zip                      Country																																																																											
4. FEI Number <b>59-3488747</b>		Applied For <input type="checkbox"/> Not Applicable																																																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>GODBOLD, F.S.</b> <b>880 CARILLON PKWY</b> <b>ST PETERSBURG, FL 33716</b>																																																																									
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>CP</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>GODBOLD, F.S.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>880 CARILLON PKWY</b></td> <td></td> </tr> <tr> <td></td> <td><b>ST PETERSBURG, FL 33716</b></td> <td></td> </tr> <tr> <td>NAME</td> <td><b>TD</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>JULIEN, JEFFREY P</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>880 CARILLON PKWY</b></td> <td></td> </tr> <tr> <td></td> <td><b>ST PETERSBURG, FL 33716</b></td> <td></td> </tr> <tr> <td>NAME</td> <td><b>D</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>FRANKE, THOMAS</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>880 CARILLON PKWY</b></td> <td></td> </tr> <tr> <td></td> <td><b>ST PETERSBURG, FL 33716</b></td> <td></td> </tr> <tr> <td>NAME</td> <td><b>D</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>JAMES, THOMAS</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>880 CARILLON PKWY</b></td> <td></td> </tr> <tr> <td></td> <td><b>ST PETERSBURG, FL 33716</b></td> <td></td> </tr> <tr> <td>NAME</td> <td><b>S</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>WILSON, DONNA L</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>880 CARILLON PKWY</b></td> <td></td> </tr> <tr> <td></td> <td><b>ST PETERSBURG, FL 33716</b></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	<b>CP</b>	<input type="checkbox"/>	STREET ADDRESS	<b>GODBOLD, F.S.</b>		CITY-ST-ZIP	<b>880 CARILLON PKWY</b>			<b>ST PETERSBURG, FL 33716</b>		NAME	<b>TD</b>	<input type="checkbox"/>	STREET ADDRESS	<b>JULIEN, JEFFREY P</b>		CITY-ST-ZIP	<b>880 CARILLON PKWY</b>			<b>ST PETERSBURG, FL 33716</b>		NAME	<b>D</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>FRANKE, THOMAS</b>		CITY-ST-ZIP	<b>880 CARILLON PKWY</b>			<b>ST PETERSBURG, FL 33716</b>		NAME	<b>D</b>	<input type="checkbox"/>	STREET ADDRESS	<b>JAMES, THOMAS</b>		CITY-ST-ZIP	<b>880 CARILLON PKWY</b>			<b>ST PETERSBURG, FL 33716</b>		NAME	<b>S</b>	<input type="checkbox"/>	STREET ADDRESS	<b>WILSON, DONNA L</b>		CITY-ST-ZIP	<b>880 CARILLON PKWY</b>			<b>ST PETERSBURG, FL 33716</b>		NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																																																																											
NAME	<b>CP</b>	<input type="checkbox"/>																																																																											
STREET ADDRESS	<b>GODBOLD, F.S.</b>																																																																												
CITY-ST-ZIP	<b>880 CARILLON PKWY</b>																																																																												
	<b>ST PETERSBURG, FL 33716</b>																																																																												
NAME	<b>TD</b>	<input type="checkbox"/>																																																																											
STREET ADDRESS	<b>JULIEN, JEFFREY P</b>																																																																												
CITY-ST-ZIP	<b>880 CARILLON PKWY</b>																																																																												
	<b>ST PETERSBURG, FL 33716</b>																																																																												
NAME	<b>D</b>	<input checked="" type="checkbox"/>																																																																											
STREET ADDRESS	<b>FRANKE, THOMAS</b>																																																																												
CITY-ST-ZIP	<b>880 CARILLON PKWY</b>																																																																												
	<b>ST PETERSBURG, FL 33716</b>																																																																												
NAME	<b>D</b>	<input type="checkbox"/>																																																																											
STREET ADDRESS	<b>JAMES, THOMAS</b>																																																																												
CITY-ST-ZIP	<b>880 CARILLON PKWY</b>																																																																												
	<b>ST PETERSBURG, FL 33716</b>																																																																												
NAME	<b>S</b>	<input type="checkbox"/>																																																																											
STREET ADDRESS	<b>WILSON, DONNA L</b>																																																																												
CITY-ST-ZIP	<b>880 CARILLON PKWY</b>																																																																												
	<b>ST PETERSBURG, FL 33716</b>																																																																												
NAME		<input type="checkbox"/>																																																																											
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP																														
TITLE	NAME	Delete																																																																											
NAME		<input type="checkbox"/>																																																																											
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
NAME		<input type="checkbox"/>																																																																											
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
NAME		<input type="checkbox"/>																																																																											
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
NAME		<input type="checkbox"/>																																																																											
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
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.																																																																													
<table style="width:100%;"> <tr> <td style="width: 30%;">SIGNATURE: </td> <td style="width: 30%; text-align: center;"> <b>Jeffrey P. Julien</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </td> <td style="width: 20%; text-align: center;"> <b>APR 08 2004</b>  <small>Date</small> </td> <td style="width: 20%; text-align: center;"> <b>727-567-3800</b>  <small>Daytime Phone #</small> </td> </tr> </table>						SIGNATURE:	<b>Jeffrey P. Julien</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>APR 08 2004</b> <small>Date</small>	<b>727-567-3800</b> <small>Daytime Phone #</small>																																																																				
SIGNATURE:	<b>Jeffrey P. Julien</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>APR 08 2004</b> <small>Date</small>	<b>727-567-3800</b> <small>Daytime Phone #</small>																																																																										