

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000413

Entity Name: RJEIF, INC.

FILED  
Feb 24, 2009  
Secretary of State

## Current Principal Place of Business:

880 CARILLON PKWY  
ST PETERSBURG, FL 33716 US

## New Principal Place of Business:

## Current Mailing Address:

880 CARILLON PKWY  
ST PETERSBURG, FL 33716 US

## New Mailing Address:

FEI Number: 59-3488747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CDP ( ) Delete  
Name: GODBOLD, FRANCIS S  
Address: 880 CARILLON PKWY  
City-St-Zip: ST PETERSBURG, FL 33716

Title: TD ( ) Delete  
Name: JULIEN, JEFFREY P  
Address: 880 CARILLON PKWY  
City-St-Zip: ST PETERSBURG, FL 33716

Title: D ( ) Delete  
Name: JAMES, THOMAS  
Address: 880 CARILLON PKWY  
City-St-Zip: ST PETERSBURG, FL 33716

Title: S ( ) Delete  
Name: WILSON, DONNA L  
Address: 880 CARILLON PKWY  
City-St-Zip: ST PETERSBURG, FL 33716

Title: S (X) Delete  
Name: KELLEY, COLE  
Address: 880 CARILLON PARKWAY  
City-St-Zip: SAINT PETERSBURG, FL 33716

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: COLE, KELLEY  
Address: 880 CARILLON PKWY  
City-St-Zip: ST PETERSBURG, FL 33716

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS S. GODBOLD

CDP

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date