



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000000862 1. Entity Name RJC PARTNERS, INC.	
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Principal Place of Business THE RAYMOND JAMES FINANCIAL CENTER 880 CARILLON PKWY. ST. PETERSBURG, FL 33716 US	Mailing Address THE RAYMOND JAMES FINANCIAL CENTER 880 CARILLON PKWY. ST. PETERSBURG, FL 33716 US
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3491506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DAVID E JR
880 CARILLON PKWY.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	C GODBOLD, F.S. 880 CARILLON PKWY. ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, THOMAS A 880 CARILLON PKWY. ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSTROW, GENE 880 CARILLON PKWY. ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILSON, DONNA L 880 CARILLON PKWY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST THOMAS, DAVID E JR 880 CARILLON PKWY ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000529845
05/05/06-80095-007 150.00

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:  DAVID E. THOMAS JR 4/16/2007 727.967.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #