

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # G95705**

1. Entity Name  
**R.C.J.B. CORP.**



Principal Place of Business  
**11 SENECA ROAD  
SEA RANCH LAKES, FL 33308 US**

Mailing Address  
**11 SENECA ROAD  
SEA RANCH LAKES, FL 33308 US**

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2399346**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FRANZ, SANDRA J.  
11 SENECA ROAD  
SEA RANCH LAKES, FL 33308**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

03/12/08-80003-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FRANZ, SANDRA J.
STREET ADDRESS	11 SENECA ROAD
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308
TITLE	ST
NAME	DALE, CHARLES S., JR.
STREET ADDRESS	414 NE 4TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VP
NAME	FRANZ, CURTIS M
STREET ADDRESS	11 SENECA ROAD
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308
TITLE	VP
NAME	FRANZ, JASON
STREET ADDRESS	11 SENECA ROAD
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308
TITLE	VP
NAME	FRANZ, BARRON
STREET ADDRESS	11 SENECA ROAD
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #