

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 005 ***150.00

DOCUMENT # H09769			
1. Entity Name R. I. - FADJEM, INC.			
Principal Place of Business % FREDERICK R. POZIN 3130 HARTLEY RD JACKSONVILLE, FL 32257-6231		Mailing Address % FREDERICK R. POZIN 3130 HARTLEY RD JACKSONVILLE, FL 32257-6231	
2. Principal Place of Business <i>no change</i> Suite, Apt. #, etc.		3. Mailing Address <i>no change</i> Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2445193		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 POZIN, FREDERICK R. 3130 HARTLEY RD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POZIN, JEAN 3130 HARTLEY RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV POZIN, FREDERICK R 3130 HARTLEY RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POZIN, JAN M 3130 HARTLEY RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERLIN, DAWNA P 3130 HARTLEY RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBSON, MARCIA 3130 HARTLEY RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POZIN, ELAINE 3130 HARTLEY RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		Date 7/28/05 (904) 268-8080 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50058896



07152005 Chg-P CR2E034 (10/03)



ATTACHMENT

57058896

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 15, 2005

R. I. - FADJEM, INC.
% FREDERICK R. POZIN
3130 HARTLEY RD
JACKSONVILLE, FL 32257-6231

SUBJECT: R. I. - FADJEM, INC.
Ref. Number: H09769

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 105A00046724



ATTACHMENT
Division of Corporations

Annual Report

Annual Report Help

Document Number

H09769

Business Entity Name

R. I. - FADJEM, INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number	592445193	
FEI Number Status	Applied For	Not Applicable (Current)
Certificate of Status Desired	Yes (No)	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes (No)	

Principal Place of Business

Address % FREDERICK R. POZIN
 Suite, Apt. #, etc. 3130 HARTLEY RD
 City, State JACKSONVILLE, FL
 Zip Code & Country 322576231

Mailing Address

Address % FREDERICK R. POZIN
 Suite, Apt. #, etc. 3130 HARTLEY RD
 City, State JACKSONVILLE, FL
 Zip Code & Country 322576231

Name And Address of Registered Agent

Name (Last, First, Middle, Title) _____
 -or- RA Business Name POZIN, FREDERICK R.
 Address (PO Box is not acceptable) 3130 HARTLEY RD
 Suite, Apt. #, etc. _____
 City, State JACKSONVILLE, FL
 Zip Code & Country 32257 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

52058896

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title P
 Name (Last, First, Middle, Title) , , ,
 -or- Entity Name POZIN, JEAN
 Street Address 3130 HARTLEY RD
 City, State JACKSONVILLE , FL
 Zip Code & Country _____

Title SV
 Name (Last, First, Middle, Title) , , ,
 -or- Entity Name POZIN, FREDERICK R
 Street Address 3130 HARTLEY RD
 City, State JACKSONVILLE , FL
 Zip Code & Country _____

Title V
 Name (Last, First, Middle, Title) , , ,
 -or- Entity Name POZIN, JAN M
 Street Address 3130 HARTLEY RD
 City, State JACKSONVILLE , FL
 Zip Code & Country _____

Title T
 Name (Last, First, Middle, Title) , , ,
 -or- Entity Name BERLIN, DAWNA P
 Street Address 3130 HARTLEY RD
 City, State JACKSONVILLE , FL
 Zip Code & Country _____

Title D
 Name (Last, First, Middle, Title) ROBSON , MARCIA , ,
 -or- Entity Name

ATTACHMENT 52058896

Street Address 3130 HARTLEY RD
City, State JACKSONVILLE, FL
Zip Code & Country

Title D
Name (Last, First, Middle, Title) POZIN, ELAINE

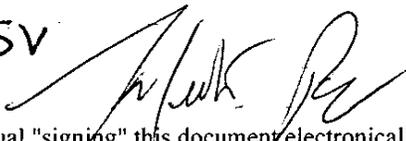
-or- Entity Name

Street Address 3130 HARTLEY RD
City, State JACKSONVILLE, FL
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

SV 

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

Start Over

[Sunbiz Home Page](#)

[Annual Report Help](#)