

# 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**

**50058896**



2. Principal Place of Business

*no change*  
Suite, Apt. #, etc.

3. Mailing Address

*no change*  
Suite, Apt. #, etc.

07152005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-2445193**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$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

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE **P** ☐ Delete  
NAME **POZIN, JEAN**  
STREET ADDRESS **3130 HARTLEY RD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **SV** ☐ Delete  
NAME **POZIN, FREDERICK R**  
STREET ADDRESS **3130 HARTLEY RD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **V** ☐ Delete  
NAME **POZIN, JAN M**  
STREET ADDRESS **3130 HARTLEY RD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **T** ☐ Delete  
NAME **BERLIN, DAWNA P**  
STREET ADDRESS **3130 HARTLEY RD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **D** ☐ Delete  
NAME **ROBSON, MARCIA**  
STREET ADDRESS **3130 HARTLEY RD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **D** ☐ Delete  
NAME **POZIN, ELAINE**  
STREET ADDRESS **3130 HARTLEY RD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/28/05 (901) 268-8080*  
Date Daytime Phone #



ATTACHMENT

50058896

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 &amp; Country

322576231

**Mailing Address**

Address

% FREDERICK R. POZIN

Suite, Apt. #, etc.

3130 HARTLEY RD

City, State

JACKSONVILLE

, FL

Zip Code &amp; 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 &amp; 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**  
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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

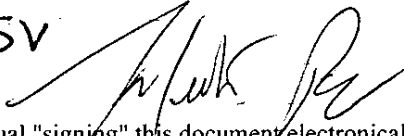
-or- Entity Name

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.

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