

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21687

Entity Name: R & J NEWHOFF CO. INC.

FILED
Jan 16, 2005
Secretary of State

Current Principal Place of Business:

C/O ROBERT J. NEWHOFF
5110 THORDEN RD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT J. NEWHOFF
5110 THORDEN RD.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2461346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWHOFF, ROBERT J.
5110 THORDEN ROAD
JACKSONVILLE, FL 32207 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: PD () Delete
Name: NEWHOFF, ROBERT J.,
Address: 5110 THORDEN RD.
City-St-Zip: JACKSONVILLE, FL

Title: ST () Delete
Name: NEWHOFF, JANE E.,
Address: 5110 THORDEN RD.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT J NEWHOFF

PD

01/16/2005

Electronic Signature of Signing Officer or Director

Date