

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21687

Entity Name: R & J NEWHOFF CO. INC.

FILED  
Jan 20, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NEWHOFF, ROBERT J.  
Address: 5110 THORDEN RD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST  
Name: NEWHOFF, JANE E.  
Address: 5110 THORDEN RD.  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J NEWHOFF

PD

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date