

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # H86405 1. Entity Name RJP HOLDINGS, INC.	
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Principal Place of Business 7498 FAIRWAY TRAIL BOCA RATON, FL 33487 US	Mailing Address 7498 FAIRWAY TRAIL BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2605813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRONYK, RONALD
 7498 FAIRWAY TRAIL
 BOCA RATON, FL 33487

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000090276
 03/17/04-80012-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRONYK, RONALD J. 7498 FAIRWAY TRAIL BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PRONYK, DEBRA J. 7498 FAIRWAY TRAIL BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 employees.

SIGNATURE: *Ronald J. Pronyk* **3/12/04** **561-955-9544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #