2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2004 08:00 AM Secretary of State

| 1. Entity Nam PRJ, INC | | Mailing Address | | | | · | |
|---|---|-----------------|--|-----------------------------------|-----------|---|--|
| Principal Place of Business 214 W. 23RD STREET PANAMA CITY, FL 32405 US Mailing Address 214 W. 23RD STREET PANAMA CITY, FL 32405 US | | | | | | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 01132004 4. FEI Numb 59-265 | _No Chg-P | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required | |
| MATHIS, H.P. 826 HARRISON AVENUE PANAMA CITY, FL 32401 | | | | DO NOT WRITE IN THIS SPACE | | | |
| 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 titlo if applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **Blaction Campaign Financian** Trust Fund Contribution. | | | | 5.00 May Be ided to Fees | | | |
| TO. TITLE NAME STREET ADDRESS CITY-S1-LIP | OFFICERS AND DIR P MATHIS, HARVEY P 826 HARRISON AVE PANAMA CITY, FL ST | ECTORS | | | U00000 | 0009447 -80011-025 150 .0 0 | |
| NAME STREET ADDRESS CITY-ST-EP | FULTON, JAMES W. 1320 BAYOU COURT PANAMA CITY, FL VP | | | | 01721707 | -00011-023 130.00 | |
| NAME STREET ADDRESS CITY-ST-ZP | FULTON, RICHARD R 906 BUENA VISTA BLVD PANAMA CITY, FL 32401 | | | | NOT W | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SF | ACE | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | | | | |
| 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Floride 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. | | | | | | | |

SHIMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR