

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J11316**

1. Entity Name  
**RJ EQUITIES, INC.**



Principal Place of Business  
**880 CARILLON PARKWAY  
P.O. BOX 12749  
ST. PETERSBURG, FL 33733-2749**

Mailing Address  
**880 CARILLON PARKWAY  
P.O. BOX 12749  
ST. PETERSBURG, FL 33733-2749**



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2663322**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JULIEN, JEFFREY P.  
880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716**

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MOSBY, J DAVENPORT III  
STREET ADDRESS 880 CARILLON PKWY  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE ST  
NAME HUMPHREYS, SANDRA  
STREET ADDRESS 880 CARILLON PKWY.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE VD  
NAME DINER, RONALD M  
STREET ADDRESS 880 CARILLON PARKWAY  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE V  
NAME KISSNER, MARY J  
STREET ADDRESS 880 CARILLON PKWY  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000361439  
05/05/05-80078-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

**Ronald Diner**

Daytime Phone #

727567-3806