

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90187 022 \*\*\*150.00

<b>DOCUMENT # J11316</b> 1. Entity Name <b>RJ EQUITIES, INC.</b>																																																																																																																													
Principal Place of Business <b>880 CARILLON PARKWAY P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749</b>			Mailing Address <b>880 CARILLON PARKWAY P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																										
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Country		Country		4. FEI Number <b>59-2663322</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent  <b>JULIEN, JEFFREY P. 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																																																																																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOSBY, J DAVENPORT III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>880 CARILLON PKWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33716</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUMPHREYS, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>880 CARILLON PKWY.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33716</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DINER, RONALD M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>880 CARILLON PARKWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33716</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KISSNER, MARY J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>880 CARILLON PKWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33716</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">AS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Wilson, Donna L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>880 Carillon Parkway</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Petersburg, FL 33716</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	MOSBY, J DAVENPORT III		STREET ADDRESS	880 CARILLON PKWY		CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		TITLE	ST	<input type="checkbox"/> Delete	NAME	HUMPHREYS, SANDRA		STREET ADDRESS	880 CARILLON PKWY.		CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		TITLE	VD	<input type="checkbox"/> Delete	NAME	DINER, RONALD M		STREET ADDRESS	880 CARILLON PARKWAY		CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		TITLE	V	<input type="checkbox"/> Delete	NAME	KISSNER, MARY J		STREET ADDRESS	880 CARILLON PKWY		CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Wilson, Donna L.		STREET ADDRESS	880 Carillon Parkway		CITY-ST-ZIP	St. Petersburg, FL 33716		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 exemptions contained in Chapter 119, 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.																																																																																																																													
<b>SIGNATURE:</b> <u>Donna L. Wilson</u> <u>Donna L. Wilson</u> <u>4/1/07</u> <u>727-567-3800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

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