


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # J82475 1. Entity Name R. S. J. INC.	
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Principal Place of Business 5413 HELENE CIR. BOYTON BEACH, FL 33437	Mailing Address 5413 HELENE CIR. BOYTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0005734	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 GUSTAFSON, ROBERT 5413 HELENE CIRCLE BOYNTON BEACH, FL 33437

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUSTAFSON, ROBERT 5413 HELENE CIR. BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUSTAFSON, SHEILA 5413 HELENE CIR. BOYNTON BEACH, FL
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<p>000000301195 04/13/05-80022-001 150.00</p> 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: Sheila Gustafson SHEILA GUSTAFSON April 10, 2005 561.742.8921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #