

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # K58861 1. Entity Name RAJJ, INC.	
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Principal Place of Business 3114 S. FLORIDA AVENUE #2 LAKELAND, FL 33803 US	Mailing Address 105 SHADOW LANE LAKELAND, FL 33813 US
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02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3231118	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAGLIONE, ANITA 105 SHADOW LANE LAKELAND, FL 33813
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**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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGLIONE, ANITA 105 SHADOW LANE LAKELAND, FL 33813

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02/10/05-80055-001 150.00

K 58861 - RAJJ, INC		63-597-631	4522
LAKELAND SPORTSCARDS & COLLECTIBLES			
3114 S. FLORIDA AVE. PH. 863-648-4948			
LAKELAND, FL 33803-4549			
Pay To The Order Of	Florida Department of State \$150.00		
One hundred fifty			
CITRUS & CHEMICAL BANK			
3115 US HWY 98 S			
LAKELAND, FLORIDA 33803			
For	2005 Corp. Annual Report		
0631059710 030000794511 4522			

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: Anita Gaglione 2/8/05 863 648-4948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #