


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90250 036 \*\*\*150.00

<b>DOCUMENT # K98921</b>			
1. Entity Name <b>R &amp; J FLEET MAINTENANCE, INC.</b>			
Principal Place of Business <b>1015 NW 53RD STREET FORT LAUDERDALE, FL 33309 US</b>		Mailing Address <b>6425 FLAGLER ST. HOLLYWOOD, FL 33023</b>	
2. Principal Place of Business		3. Mailing Address <b>11050 Harbour Springs Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Boca Raton FL</b>	
Zip	Country	Zip <b>33428</b>	Country <b>U.S</b>
4. FEI Number <b>65-0135662</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>OLTHAUS, JOSEPH 6425 FLAGLER ST. HOLLYWOOD, FL 33023</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OLTHAUS, JOSEPH 6425 FLAGLER ST. HOLLYWOOD, FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD OLTHAUS, PAMELA 6425 FLAGLER ST. HOLLYWOOD, FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>Joseph K. Olthaus</i>		Date	Daytime Phone #
		<b>4/7/04</b>	<b>954 893.0073</b>

04072004 Chg-P CR2E034 (10/03)

