


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L13055
 1. Entity Name
RDJR CORPORATION



Principal Place of Business % ROBIN E. ROBERTS 504 TERRACE HILL DR TEMPLE TERRACE, FL 33617	Mailing Address % ROBIN E. ROBERTS 504 TERRACE HILL DR TEMPLE TERRACE, FL 33617
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2971673	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

ROBERTS, ROBIN E.
 504 TERRACE HILL DR
 TEMPLE TERRACE, FL 33617

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	D ROBERTS, ROBIN E. 504 TERRACE HILL DR TEMPLE TERRACE, FL
TITLE 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 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: *Robin E. Roberts* Date: 4-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #