

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000041871**

1. Entity Name  
**R & J LOSEE, INC.**



Principal Place of Business  
**18280 PANTHER TRAIL  
NORTH FT. MYERS, FL 33917**

Mailing Address  
**18280 PANTHER TRAIL  
NORTH FT. MYERS, FL 33917**



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1024231</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LOSEE, RICK  
18280 PANTHER TRAIL  
NORTH FT. MYERS, FL 33917**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LOSEE, RICK
STREET ADDRESS	18280 PANTHER TRAIL
CITY - ST - ZIP	NORTH FT. MYERS, FL 33917

TITLE	D
NAME	LOSEE, JEANNE
STREET ADDRESS	18280 PANTHER TRAIL
CITY - ST - ZIP	NORTH FT. MYERS, FL 33917

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/23/07-80044-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *[Signature]* **LOSEE** **3907 239-7073498**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #