2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90369 041 ***150.00

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04072004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000088148

1. Entity Name
RJ HOLDINGS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
9636 HECKSCHER DR. JACKSONVILLE, FL 32226	6700 SOUTHPOINT PARKWAY SUITE 410 JACKSONVILLE, FL 32216

2. Principal Place of Business	3. Mailing Address
	9636 Heckscher Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jax. FL
Zip / Country	Zip: 32226 / Country

4. FEI Number: 59-3675508 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JUSTUS, RICHARD
6700 SOUTHPOINT PARKWAY SUITE 410
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 9636 Heckscher Drive
City: Jax. FL Zip Code: 32226

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] 4-14-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	JUSTUS, RICHARD		NAME	
STREET ADDRESS	6700 SOUTHPOINT PARKWAY SUITE 410		STREET ADDRESS	9636 Heckscher Drive
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Jax. FL 32226
TITLE	DVT	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PAULK, JOSEPH		NAME	
STREET ADDRESS	6700 SOUTHPOINT PARKWAY SUITE 410		STREET ADDRESS	9636 Heckscher Drive
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Jax FL 32226
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 5-3-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #