


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000118062</b> 1. Entity Name RJ CANADA, INC.	
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Principal Place of Business 880 CARILLON PKWY. ST. PETERSBURG, FL 33716	Mailing Address 880 CARILLON PKWY. ST. PETERSBURG, FL 33716
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04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3682098	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MATECKI, PAUL L 880 CARILLON PKWY. ST. PETERSBURG, FL 33716
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO JULIEN, JEFFREY P 880 CARILLON PKWY. ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZANK, DENNIS W 880 CARILLON PKWY. ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TREMAINE, THOMAS R 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MATECKI, PAUL L 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/05/05-80078-007 150.00

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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>  <b>Jeffrey Julien</b> 4/28/15 727-573800	DATE	DAYTIME PHONE #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		