
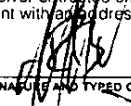


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90002 024 ***150.00

DOCUMENT # P01000032856					
1. Entity Name R & JONI, INC.					
Principal Place of Business 25 ALABAMA RD S. LEHIGH ACRES, FL 33936			Mailing Address 25 ALABAMA RD S. LEHIGH ACRES, FL 33936		
2. Principal Place of Business - No P.O. Box # 25 Alabama Rd S.		3. Mailing Address 25 Alabama Rd S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lehigh Acres Fl		City & State Lehigh Acres Fl		4. FEI Number 65-1091662	
Zip 33936		Country Lee		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06062007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BASCOPE, ROCKY 25 ALABAMA RD S. LEHIGH ACRES, FL 33936			7. Name and Address of New Registered Agent Name: Bascope Rocky Street Address (P.O. Box Number is Not Acceptable): 25 Alabama Rd S. City: Lehigh Acres State: FL Zip Code: 33936		
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: 6-23-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME BASCOPE, ROCKY		<input type="checkbox"/> Delete		
STREET ADDRESS 25 ALABAMA RD S.	CITY - ST - ZIP LEHIGH ACRES, FL 33936		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  6-23-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					