

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000083992

1. Entity Name
RR&JS, INC.



Principal Place of Business
34650 US HWY 19
SUITE 109
PALM HARBOR, FL 34684

Mailing Address
34650 US HWY 19
SUITE 109
PALM HARBOR, FL 34684



06012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3740655	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

RAVEN, ROY
34650 US HWY 19
SUITE 109
PALM HARBOR, FL 34684

**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 resigning) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

TITLE	P
NAME	RAVEN, ROY
STREET ADDRESS	34650 US HWY 19 (109)
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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06/04/07-80005-011 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 67-07X 727-784-225