## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P01000083992 1. Entity Name RR&JS, INC. Principal Place of Business Mailing Address 34650 US HWY 19 34650 US HWY 19 SUITE 109 **SUITE 109** PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3740655 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAVEN, ROY DO NOT WRITE 34650 US HWY 19 IN THIS SPACE SUITE 109 PALM HARBOR, FL 34684 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 04/17/08-80005-001 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME RAVEN, ROY 34650 US HWY 19 (109) STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 UILE NAME STREET AUDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CHY-SI-7IP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP HILE DAME STREET ADDRESS

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 empewered 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 empowered.

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08