

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90016 019 ***150.00

DOCUMENT # P01000090010

1. Entity Name
RJJ MASONRY, INC.



Principal Place of Business
**1766 7TH AVE SW
VERO BCH, FL 32962**

Mailing Address
**1766 7TH AVE SW
VERO BCH, FL 32962**

40084443



DO NOT WRITE IN THIS SPACE

04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1140768	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**JULIAN, ROBERT
1766 7TH AVE SW
VERO BCH, FL 32962**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	JULIAN, ROBERT
STREET ADDRESS	1766 7TH AVE SW
CITY-ST-ZIP	VERO BCH, FL 32962

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

Robert Julian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 772-569-3004
Date Daytime Phone #