

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000002708**

1. Entity Name  
**R AND JAY PROPERTIES INC.**



Principal Place of Business,  
**13701 80TH AVENUE N  
SEMINOLE, FL 33776**

Mailing Address  
**4566 62ND ST N  
KENNETH CITY, FL 33709**

**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>02-0550497</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**PICARIELLO, JOAN  
13701 80TH AVENUE N  
SEMINOLE, FL 33776**

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BOUSQUET, ROBERT
STREET ADDRESS	13701 80TH AVENUE N
CITY- ST- ZIP	SEMINOLE, FL 33776
TITLE	VD
NAME	PICARIELLO, ROBERT
STREET ADDRESS	13701 80TH AVENUE N
CITY- ST- ZIP	SEMINOLE, FL 33776
TITLE	SD
NAME	KREIMENDAHL, JUDITH
STREET ADDRESS	13701 80TH AVENUE N
CITY- ST- ZIP	SEMINOLE, FL 33776
TITLE	TD
NAME	PICARIELLO, JOAN
STREET ADDRESS	13701 80TH AVENUE N
CITY- ST- ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/09/07-80104-020 150.00

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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**

*Joan Picariello*

*Joan Picariello*

*4/23/07*

*813-779-9705*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #