

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

Dept. OF STATE

DOCUMENT # P02000004743



1. Entity Name
 RBJP INCORPORATED

Principal Place of Business
 4419 DEL PRADO BLVD.
 CAPE CORAL, FL 33904

Mailing Address
 4419 DEL PRADO BLVD.
 CAPE CORAL, FL 33904



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0690407	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

PENTIUK, BRIAN E
 1784 EMERALD COVE CIRCLE
 CAPE CORAL, FL 33991

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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 NAME STREET ADDRESS CITY - ST - ZIP	P PENTIUK, BRIAN E 1784 EMERALD COVE CIRCLE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PENTIUK, JULIE 1784 EMERALD COVE CIRCLE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PENTIUK, RONALD E 3804 SE 15TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Brian Pentuk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #