


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90038 023 ***150.00

DOCUMENT # P0200004743

1. Entity Name
RBJP INCORPORATED



Principal Place of Business Mailing Address

~~4419 DEL PRADO BLVD.~~ ~~4419 DEL PRADO BLVD.~~
~~CAPE CORAL, FL 33904~~ ~~CAPE CORAL, FL 33904~~

60016104

2. Principal Place of Business 3. Mailing Address

1784 Emerald Cove Circle **1784 Emerald Cove Circle**

Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State City & State

Cape Coral, FL **Cape Coral, FL**

Zip Country Zip Country

33991 **USA** **33991** **USA**

01162006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

01-0690407 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PENTIUK, BRIAN E	
STREET ADDRESS	1784 EMERALD COVE CIRCLE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PENTIUK, JULIE	
STREET ADDRESS	1784 EMERALD COVE CIRCLE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PENTIUK, RONALD E	
STREET ADDRESS	3804 SE 18TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY J. VAHLKAMP	
STREET ADDRESS	1142 NW 17th Street	
CITY-ST-ZIP	Cape Coral, FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Date _____ Daytime Phone # _____