


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000020914 1. Entity Name RJ BUILDERS, INC.	
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Principal Place of Business 121 MARKET STREET LEESBURG, FL 34748	Mailing Address PO BOX 895430 LEESBURG, FL 34789
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03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0605931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROJAS, RICHARD J PO BOX 895220 LEESBURG, FL 34789
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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  RICHARD J. ROJAS 4/10/06
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, 2006 Fee will be \$550.00

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

U00000507739
04/27/06-80077-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJAS, RICHARD PO BOX 895220 LEESBURG, FL 34789
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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:  RICHARD J. ROJAS 4/10/06 (352) 787-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #