2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059438

1. Entity Name
RJC INSTALLATIONS, INC.

Principal Place of Business	Mailing Address
106 SUFFOLK CT.	106 SUFFOLK COURT
LONGWOOD, FL 32779 US	LONGWOOD, FL 32779 US

DO NOT WRITE IN THIS SPACE

02172004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
05-0526227	Not Applicable

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

6. Name and Address of Current Registered Agent

CONFUSIONE, RYAN J PRES.
106 SUFFOLK CT.
LONGWOOD, FL 32779

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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 _Ryan Cof_   _Ryan J Confusione Pres._   3-2-04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registering Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000078519
037U870U4-8UU3U-UU3 150.00

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	CONFUSIONE, RYAN J
STREET ADDRESS	106 SUFFOLK CT.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V.P.
NAME	CONFUSIONE, MELANIE A
STREET ADDRESS	106 SUFFOLK CT.
CITY-ST-ZIP	LONGWOOD, FL 32779
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	

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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: _Melanie Confusione VP_   Melanie Confusione   3-2-04   407 509 1092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #