

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000063181

1. Entity Name
VJR VENTURES, INC.



Principal Place of Business
6910 197TH STREET EAST
BRADENTON, FL 34211

Mailing Address
P.O. BOX 9286
BRADENTON, FL 34206



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0615153

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIGGINS, JERRY L
6910 197TH ST EAST
BRADENTON, FL 34211

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

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**

10. OFFICERS AND DIRECTORS

TITLE D
NAME RIGGINS, JERRY L
STREET ADDRESS P.O. BOX 9286
CITY-ST-ZIP BRADENTON, FL 34206

TITLE D
NAME RIGGINS, VICKI J
STREET ADDRESS P.O. BOX 9286
CITY-ST-ZIP BRADENTON, FL 34206

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CITY-ST-ZIP

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IN THIS SPACE**

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04/26/04-80084-016 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overline Phone #

PRESIDENT JERRY L. RIGGINS 4/21/04 (941) 322-8410