


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 010 ***150.00

DOCUMENT # P02000090033 1. Entity Name RJ & DD ENTERPRISES, INC.					
Principal Place of Business 18431 US HWY 41 N. LUTZ, FL 33549			Mailing Address P.O. BOX 2169 LUTZ, FL 33548-2169		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 27-0030289	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYER, DAVID G RJ & DD ENTERPRISES, INC. 5903 IDLE FOREST PLACE TAMPA, FL 33614			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: <u><i>[Signature]</i></u> DAVID DYER 1-29-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DYER, DAVID G 5903 IDLE FOREST PLACE TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID G. DYER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MARTINEZ-DYER, DALILAH T 5903 IDLE FOREST PLACE TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON R. MARTINEZ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVARRIA, RON R 2437 LAKE WOODBERRY CIR. BRANDON, FL 33510		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON R. MARTINEZ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEESING, MARK 6714 RANGER DRIVE TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON R. MARTINEZ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEESING, MARK 6714 RANGER DRIVE TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON R. MARTINEZ	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEESING, MARK 6714 RANGER DRIVE TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON R. MARTINEZ	
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: <u><i>[Signature]</i></u> DALILAH MARTINEZ 2/29/04 (813)949-0101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					