
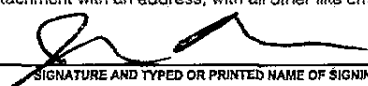


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

| | | |
|--|---|---|
| DOCUMENT # P02000121412 | |  |
| 1. Entity Name R J HOMES, INC. | | |
| Principal Place of Business 3976 OAK HAMMOCK LANE FT PIERCE, FL 34981 | Mailing Address 3976 OAK HAMMOCK LANE FT PIERCE, FL 34981 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent HANEA, JOHN 3976 OAK HAMMOCK LANE FT PIERCE, FL 34981 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HONEA, JOHN 3976 OAK HAMMOCK LANE FT PIERCE, FL 34981 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WALKER, ROBB 500 QUINCY AVE FORT PIERCE, FL 34950 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE 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:  | | 1/20/06 772 216 7548 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |



01122006 No Chg-P CR2E034 (11/05)

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|--|--|
| 4. FEI Number 06-1660059 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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02/03/06-80031-004 150.00

**DO NOT WRITE
IN THIS SPACE**