

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91225 027 \*\*\*150.00

DOCUMENT # P03000020515

1. Entity Name

R E J LIMITED, INC.



Principal Place of Business

29 SOUTH J STREET  
LAKE WORTH FL 33460

Mailing Address

29 SOUTH J STREET  
LAKE WORTH FL 33460

2. Principal Place of Business

5249 Woodstone Cir S  
Suite, Apt. #, etc.

3. Mailing Address

5249 Woodstone Cir S  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LAKE WORTH, FL

Zip  
33463

Country

USA

City & State

LAKE WORTH, FL

Zip  
33463

Country

USA

4. FEI Number

51-0453201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JANIS, RUSSELL G  
29 SOUTH J STREET  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

Lendore Newbold

Street Address (P.O. Box Number is Not Acceptable)

5249 Woodstone Cir S

City

LAKE WORTH

FL

Zip Code

33463

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

(NOTE: Registered Agent signature required when reinstating)

4-22-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JANIS, RUSSELL G  
29 SOUTH J STREET  
LAKE WORTH FL 33460 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/Pres/S  
Lendore Newbold  
5249 Woodstone Cir S  
LAKE WORTH, FL 33463 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LENDRE A. NEWBOLD

Date

4-22-04

Daytime Phone #

561-835-9188