2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024270

Address:

City-St-Zip:

FILED Jul 22, 2004 Secretary of State

Entity Name: R.N.J. HOLDINGS OF LEE COUNTY INC.							
Current Principal Place of Business:				New Principal Place of Business:			
6900 DANIE C/O POTTS FORT MYE	S SPORTS CA	AFE					
Current Mailing Address:				New Mailing Address:			
6900 DANIELS RD C/O POTTS SPORTS CAFE FORT MYERS, FL			Ci	P O BOX 60824 C/O POTTS SPORTS CAFE FORT MYERS, FL 33906			
FEI Number:	86-1093769	FEI Number Applied For ()	FEI Numbe	er Not Applic	able ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HUNSUCKER, JEFFERY 6900 DANIELS RD C/O POTTS SPORTS CAFE FORT MYERS, FL				HUNSUCKER, JEFFERY P O BOX 60824 C/O POTTS SPORTS CAFE FORT MYERS, FL 33906			
The above in the State		submits this statement for the pu	ırpose of cl	hanging its	registered	office or registered agent, or both,	
SIGNATURE:				07/22/2004			
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the	prior notice			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () HUNSUCKER, J 1682 N HERMIT FORT MYERS,	AGE RD	Na Ad	tle: ame: ddress: ty-St-Zip:	DST (HUNSUCKER 1682 N HERN FORT MYERS	/IITAGE RD	
Title: Name: Address: City-St-Zip:	()	Delete	Na Ad	tle: ame: ddress: ty-St-Zip:	D (REYNOLDS, 651 RIVER TI FT MYERS, F	RACT CT	
Title: Name: Address: City-St-Zip:	()	Delete	Na Ad	tle: ame: ddress: ty-St-Zip:	P (OXLEY, MAR 6900 DANIEL FT MYERS, F	S PKY # 26	
Title: Name:	()	Delete	Tit Na	tle: ame:	VP ()Change(X)Addition HUA	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6900 DANIELS PKY # 26

FT MYERS, FL 33912

SIGNATURE: JEFFERY L HUNSUCKER S/T 07/22/2004