


2005 FOR PROFIT CORPORATION REINSTATEMENT

1092

DOCUMENT # P03000105851			
1. Entity Name R J W ENTERPRISES, INC.			
Principal Place of Business 295 HIGHPOINT BOULEVARD BOYNTON BEACH, FL 33435		Mailing Address 295 HIGHPOINT BOULEVARD BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 MAR 18 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 098 (6/04) 04-05
Number 20-0253711
Applied For
Not Applicable

6. Name and Address of Current Registered Agent WENDT, RICHARD J 295 HIGHPOINT BOULEVARD BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WENDT, RICHARD J 295 HIGHPOINT BOULEVARD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

201405

Date

Daytime Phone

561-436-7775

2052

STEVEN J. CORSO
Certified Public Accountant

1850 Forest Hill Blvd., Suite 204

West Palm Beach, FL 33406

TEL. 561-963-1003

FAX 561-963-1006

Member of Florida Institute of Certified Public Accountants

March 9, 2005

Division of Corporations
Annual Report / Uniform Business Report Section
P.O. Box 6327
Tallahassee, FL 32314

RE: R J W Enterprises, Inc.
Ref # P03000105851

We are in receipt of your letter dated February 24, 2005. We are asking that the late fee of \$400 be waived because the taxpayer never received the annual report notice and he was unaware of this annual requirement. The taxpayer will ensure that he files the report on time in the future.

If you have any questions, please call me.

Sincerely,



Steven J. Corso
Certified Public Accountant

SJC: ks