2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/5/2

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-05-2004 90194 050 ***150.00

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04272004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000120995

1. Entity Name
RJ LISTINGS, INC.

Principal Place of Business
~~2845 US HWY. 19~~
~~HOLIDAY, FL 34691~~

Mailing Address
~~2845 US HWY. 19~~
~~HOLIDAY, FL 34691~~

2. Principal Place of Business: 10424 US 19
Suite, Apt. #, etc.
City & State: Port Richey
Zip: 34668 Country: USA

3. Mailing Address: 10424 US 19
Suite, Apt. #, etc.
City & State: Port Richey
Zip: 34668 Country: USA

4. FEI Number: 20-0337661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~SPIEGEL & UTRERA, P.A.~~
~~1840 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent
Name: Robert Hadley
Street Address (P.O. Box Number is Not Acceptable): 10424 US 19
City: Port Richey FL Zip Code: 34668

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD HADLEY, ROBERT J 2845 US HWY. 19 HOLIDAY, FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4-27-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #