

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

5/5/2

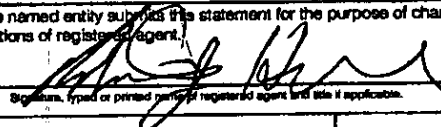
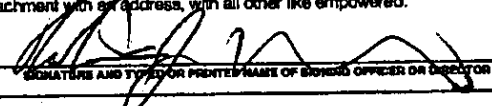
FILED
Jun 07, 2004 8:00 am
Secretary of State

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		3. Mailing Address 10424 US 19	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Port Richey		City & State Port Richey	
Zip 34668	Country USA	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 & UTTERA, 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:  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CAUDILL, VICTOR L 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)(X), 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: 		Date 4-27-2004 Daytime Phone # _____	