


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90054 011 \*\*\*150.00

<b>DOCUMENT # P03000127925</b>	
1. Entity Name <b>RJGE 4, INC.</b> <i>DBA AUNTIE ANNIE'S</i>	

Principal Place of Business <b>2903 DEER HOUND WAY PALM HARBOR FL 34683</b>	Mailing Address <b>2903 DEER HOUND WAY PALM HARBOR FL 34683</b>
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2. Principal Place of Business <i>2415 N. MONROE ST.</i>	3. Mailing Address <i>2903 DEER HOUND WAY</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>TALLAHASSEE FL.</i>	City & State <i>PALM HARBOR, FL.</i>
Zip <i>32303</i>	Zip <i>34683</i>
Country <i>LEON</i>	Country <i>FLORIDA</i>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>DOWD, JEFFREY A 3016 US HIGHWAY 301 N SUITE 900 TAMPA FL 33619</b>		7. Name and Address of New Registered Agent Name <i>RALPH E. JUDY</i> Street Address (P.O. Box Number is Not Acceptable) <i>2903 DEER HOUND WAY</i> City <i>PALM HARBOR</i> FL Zip Code <i>34683</i>	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JUDY, RALPH E 2903 DEER HOUND WAY PALM HARBOR FL 34683 <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	VS JUDY, OMA C 2903 DEER HOUND WAY PALM HARBOR FL 34683 <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]* **RALPH E. JUDY, PRES.** *2/3/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #