

**ANNUAL REPORT (AR)****FILED****May 09, 2005 08:00 AM**  
**Secretary of State****DOCUMENT # P03000129474**

1. Entity Name

MRJ BUILDERS, INC.



Principal Place of Business

2622 JAMAICA STREET  
SARASOTA FL 34231  
US

Mailing Address

2622 JAMAICA STREET  
SARASOTA FL 34231  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

20-0374119

Applied For

Not Applicable

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

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

JENNINGS, MICHAEL  
2622 JAMAICA STREET  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

4-28-2005

**FILE NOW!!! FEE IS \$150.00****After May 1, 2005 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
JENNINGS, MICHAEL  
2622 JAMAICA STREET  
SARASOTA FL 34231 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
UN00000364874  
05/09/05-80013-011 150.00TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:

*Michael Jennings*

MICHAEL JENNINGS

4-28-2005

923-8760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #