

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90273 015 ***150.00

DOCUMENT # P03000144866

1. Entity Name

R.J.S. SERVICES, INC.



Principal Place of Business

P.O. BOX 723
ARCHER, FL 32618
US

Mailing Address

P.O. BOX 723
ARCHER, FL 32618
US



2. Principal Place of Business

13133 SW STATE ROAD 45
APT. 20

3. Mailing Address

P.O. BOX 723

City & State

ARCHER, FL

City & State

ARCHER, FL

Zip

32618

Country

ALACHUA

Zip

32618

Country

ALACHUA

4. FEI Number

20-0499308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, ARTHUR W JR
403 WEST MAIN ST.
ARCHER FL 32618

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P	<input type="checkbox"/> Delete
NAME	SCHUYLER, RONALD J JR	
STREET ADDRESS	P.O. BOX 723	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	LINCOLN, FREDERICK C	
STREET ADDRESS	P.O. BOX 64	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ronald J. Schuyler Jr. RONALD J. SCHUYLER JR. 3/17/06 (352) 258-5985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #