


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90018 015 \*\*\*150.00

DOCUMENT # P04000002884	
1. Entity Name RJS METAL PARTITIONS, INC	

Principal Place of Business 996 LONGFELLOW ROAD PORT ST LUCIE, FL 34953	Mailing Address 541 S STATE RD 7 L10 POMPANO BEACH, FL 33068
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01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0537706	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHREWSBURY, ROBERT 996 LONGFELLOW ROAD PORT ST. LUCIE, FL 34943
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**DO NOT WRITE  
IN THIS SPACE**

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: Robert Shrewsbury ROBERT SHREWSBURY  
(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, 2006 Fee will be \$550.00**

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 SHREWSBURY, ROBERT 996 LONGFELLOW ROAD PORT ST. LUCIE, FL 34943
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Robert Shrewsbury ROBERT SHREWSBURY PRES 754-264-9314  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #