2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90154 021 ***150.00

DOCUMENT # P04000010852

1. Entity Name
RJW BUILDERS, INC.

Principal Place of Business	Mailing Address
~~410 SE GASPARILLA AVENUE~~ ~~PORT ST. LUCIE, FL 34983 US~~	458 NE BLUEFISH POINT PORT ST. LUCIE, FL 34983 US

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
458 NE Bluefish Point	
Suite, Apt. #, etc. Port St. Lucie, FL	Suite, Apt. #, etc.
City & State Florida	City & State
Zip 34983 Country USA	Zip Country

4. FEI Number 20-0602666 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOFIELD, REBECCA S 458 NE BLUEFISH POINT PORT ST. LUCIE, FL 34983	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 _____ DATE 3-21-05
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, 2005 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	P SCOFIELD, REBECCA S 458 NE BLUEFISH POINT PORT ST. LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAYDEN, BEVERELY 410 SE GASPARILLA AVENUE PORT ST. LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P.O. Box 881706 Port St. Lucie, FL 34988
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCOFIELD, RAYMOND A 458 NE BLUEFISH POINT PORT ST. LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAYDEN, JOHN 410 SE GASPARILLA AVENUE PORT ST. LUCIE, FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCOFIELD, WALTER G 2183 BEACON DRIVE PORT CHAROLETTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 458 NE Bluefish Point Port St. Lucie, FL 34983
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: Rebecca S. Scofield 3/21/05 772-873-0536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #