

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000093912



1. Entity Name  
RJ SECURITY SERVICE INCORPORATED

Principal Place of Business  
3670 MIMOSA DRIVE  
JACKSONVILLE FL 32207

Mailing Address  
3670 MIMOSA DRIVE  
JACKSONVILLE FL 32207

2. Principal Place of Business  
3670 MIMOSA DRIVE  
Suite, Apt. #, etc.  
HOME OFFICE: MAIL  
City & State  
JACKSONVILLE FLA.  
Zip  
32207

3. Mailing Address  
1214 OKLEY STREET  
Suite, Apt. #, etc.  
1 A SUITE  
City & State  
JACKSONVILLE FLA.  
Zip  
32206

**FILED  
Apr 26, 2005 8:00 am  
Secretary of State**

04-26-2005 90229 001 \*\*\*150.00  
04-26-2005 90229 002 \*\*\*\*8.75



1st MOORE CR2E034 (10/04)

4. FEI Number 57-1195085	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, ROOSEVELT A  
3670 MIMOSA DRIVE  
JACKSONVILLE FL 32207

Name  
ROOSEVELT A. JAMES & JOHN T.M. HACKSHAW  
Street Address (P.O. Box Number is Not Acceptable)

3670 MIMOSA DRIVE: & 4749 CINNAMON FERN  
City  
JACKSONVILLE FL Zip Code  
32207

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

(NOTE Registered Agent signature required when remitting)

4/22/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, JERRY 3109 THOMAS STREET JACKSONVILLE FL 32254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT: COOWNER C.E.O. <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN T.M. HACKSHAW 4749 CINNAMON FERN DR. JAX FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, SAMMIE 3112 THOMAS STREET JACKSONVILLE FL 32254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DOROTHY C. REID 6615 STUART AVE: JAX FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, RAFE 9530 NORTHWEST 29TH AVENUE MIAMI FL 33147	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER: C.E.O: BOARD CHAIRMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition ROOSEVELT A. JAMES: 3670 MIMOSA DRIVE: JAX FLA.
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
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 (904) 396-4024

Daytime Phone #