


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

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
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2. Principal Place of Business 3670 MIMOSA DRIVE Suite, Apt. #, etc. HOME OFFICE: MAIL	3. Mailing Address 1214 OKLEY STREET Suite, Apt. #, etc. 1 A SUITE
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City & State JACKSONVILLE FLA.	City & State JACKSONVILLE FLA.
Zip 32207	Country DUVAL
Zip 32206	Country DUVAL

4. FEI Number 57-1195085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JAMES, ROOSEVELT A 3670 MIMOSA DRIVE JACKSONVILLE FL 32207
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7. Name and Address of New Registered Agent 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 reinstating) DATE 4/22/05
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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	T SMITH, SAMMIE 3112 THOMAS STREET JACKSONVILLE FL 32254 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, RAFF 9530 NORTHWEST 29TH AVENUE MIAMI FL 33147 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT: COOWNER C.E.O. JOHN T.M. HACKSHAW 4749 CINNAMON FERN DR. JAX FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY/TREASURER DOROTHY C. REID 6615 STUART AVE: JAX FLA. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER: C.E.O: BOARD CHAIRMAN ROOSEVELT A. JAMES: 3670 MIMOSA DRIVE: JAX FLA. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.
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SIGNATURE:  (904) 396-4024 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/22/05 DAYTIME PHONE #
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