2008 FOR PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # P04000167031 1. Entity Name R & J SERVICE CENTER INC.

Principal Place of Business

Mailing Address

2203 ORANGE AVENUE FORT PIERCE, FL 34950 2203 ORANGE AVENUE FORT PIERCE, FL 34950

FILED Feb 18, 2008 08:00 AN Secretary of State



01242008 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2006911 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARGAN, JODI 1097 CASTANEDA LANE PORT ST. LUCIE, FL 34953

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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				114	IIII3 SFACE
	named entity submits this statement for the prions of registered agent.	urpose of changing its reg	gistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Re	egistered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	Р				
NAME	DARGAN, RICHARD				
STREET ADDRESS	1097 CASTANEDA LANE				
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953				
TITLE	VP		B		U00000831026
NAME	DARGAN, JODI				02/27/08-80001-012 150.00
STREET ADDRESS	1097 CASTANEDA LANE				
CITY - ST - ZIP	PORT ST. LUCIE, FL 34953		l l		
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE					

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.

AME OF SIGNING OFFICER OF DIRECTOR