

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024514

FILED
Apr 27, 2009
Secretary of State

Entity Name: RJ'S PERFORMANCE SUPPLY, INC.

Current Principal Place of Business:

6020A DEACON PLACE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

6020A DEACON PLACE
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 30-0303141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALGER, RONALD R
4026 ANNIE STREET
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALGER, RONALD R
Address: 4026 ANNIE STREET
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: ALGER, DIANN
Address: 4026 ANNIE STREET
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: YOUNG, DONALD G
Address: 2150 EDMONDSON RD
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: YOUNG, MARY
Address: 2150 EDMONDSON RD
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: OAKES, SCOTT R
Address: 2150 EDMONDSON RD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANN S. ALGER

D

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date