



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90002 019 \*\*\*150.00

<b>DOCUMENT # P05000070516</b> 1. Entity Name <b>RJT FINANCIAL, INC.</b>					
Principal Place of Business <b>6611 US HWY 19 SUITE 510 NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>6611 US HWY 19 SUITE 510 NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-2903938</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				06142007      Chg-P      CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>HILL, WARREN 2801 N. UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS, FL 33065</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, RICHARD <input type="checkbox"/> Delete 2435 US HWY 19 #280 HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWENS II Richard L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6611 U.S. Hwy 19 #510 New Port Richey FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NESBITT, JOHN <input type="checkbox"/> Delete 2435 US HWY 19 #280 HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John R Nesbitt <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6611 U.S. Hwy 19 #510 New Port Richey FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, JAMES A <input type="checkbox"/> Delete 805 E. HILLSBORO BLVD #103 DEERFIELD BEACH, FL 33441		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	
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 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.					
<b>SIGNATURE:</b>  <b>Richard L Owens II</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-14-2007      727-847-6900 <small>Date      Daytime Phone #</small>		