


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State


DOCUMENT # P05000077278
 1. Entity Name
RJ CONSULTING ASSOCIATES, INC.



Principal Place of Business
43 EDGEWOOD COURT
RICHBORO, PA 18954

Mailing Address
43 EDGEWOOD COURT
RICHBORO, PA 18954

DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2948676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000656116
 03/14/07-80012-021 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARBOGAST, RICHARD J 43 EDGEWOOD COURT RICHBORO, PA 18954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV NOLAN, GERARD H JR 23 COMPASS LN BARNEGAT, NJ 08005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARBOGAST, MARGARET M 43 EDGEWOOD COURT RICHBORO, PA 18954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLAN, DARLENE M 23 COMPASS LN BARNEGAT, NJ 08005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **2-15-07** **215-237-4833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #