

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90222 003 ***150.00

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1. Entity Name

L RJ VENTURES INC.



Principal Place of Business

4192 53RD AVENUE SOUTH
ST. PETERSBURG FL 33711
US

Mailing Address

4192 53RD AVENUE SOUTH
ST. PETERSBURG FL 33711
US



2. Principal Place of Business

Home Office
Suite, Apt. #, etc.

3. Mailing Address

4192 53RD Ave. S.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

St. Pete. FL

City & State

St. Pete. FL

4. FEI Number

34-2055598

Applied For

Not Applicable

Zip

33711

Country

USA

Zip

33711

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, RANDY SR.
4192 53RD STREET
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES ☐ Delete
NAME JACKSON, RANDY SR.
STREET ADDRESS 4192 53RD AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE VP ☐ Delete
NAME JACKSON, LISA E
STREET ADDRESS 4192 53RD AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Randy Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06

Date

727-866-8863

Daytime Phone #