FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P07000006898 1. Entity Name				05-01-2008 90196	5 011 ***150.00
R K & J DESIGN INC					
DO NOT WRITE IN THIS SPACE				60036327	
2. Principal Place of		3. Mailing Address] '	
120 MAGNOLIA HAMMOCK DR Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
				4. FEI Number Applied For	
City & State PONTE VEDRA BEACH, FL		City & State		76-0849183	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
32082	aradono correspondente da manus assessos (C. C.)	obio enici pang dan USS COS (COS (COS (COS (COS (COS (COS (CO			Fee Required
			7. Na Name	me and Address of Current I	Registered Agent
DO NOT WRITE JOHNSON, SUSAN A. Street Address (P.O. Box Number is Not Acceptable)					
	N THIS SP	(SENDING DEPENDENCE SERVICE SE	Street Add 120 MAGNO	dress (P.O. Box Number is No LIA HAMMOCK DR	t Acceptable)
			City PONTE VED	RA BEACH	FL Zip Code 32082
				gistered office or registered ag	jent, or both, in the
State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					
Signatu	re, typed or printed name o	f registered agent and title i	if applicable. (NOTE: Regi	stered Agent signature required when r	einstating) DATE
After Ma	- May 1 Fee is \$150. ay 1, Fee is \$550.00 ded UBR is \$61.25 a to Florida Departm			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ND DIRECTORS	11.	iscusioses becomen marginascopic núcleoper (nariales apparations	engles constant and an engles
TITLE NAME # **	JOHNSON, SUSAN	A.	TITLE NAME		
STREET ADDRESS	120 MAGNOLIA HAI	MMOCK DR	STREET ADDRES	SS	
CITY-ST-ZIP TITLE	PONTE VEDRA BEA	ACH, FL 32082	CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRES		
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CITY-ST-ZIP TITLE		··-·	CITY-ST-ZIP	- visited on the first section of the comment of th	WRITE
NAME			NAME	IN THIS	SPACE
STREET ADDRESS			STREET ADDRES	68	
CITY-ST-ZIP TITLE			TITLE		
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CITY-ST-ZIP			CITY-ST-ZIP	386 - 1 L	· · · · · · · · · · · · · · · · · · ·
TITLE NAME		-	TITLE		pertie inglini i en indiri in
STREET ADDRESS			STREET ADDRES	S	1 1)
CITY-ST-ZIP 12. I hereby certify that the	l e information supplied w	ith this filing does not qu	CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida S	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					
as it made under oath; that I am an officer of director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE:	bright	SUSAN A. J		4/9/2008	904 280-7405
	THE AND TYPED OF	DDINTED NAME OF S	IGNING OFFICER OR D	IRECTOR Date	Daytime Phone #