2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State
05-07-2008 90106 012 ***150.00

DOCUMENT # P07000103121

1. Entity Name
MJR BUSINESS DEVELOPMENT INC

66015711

04172008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
551 BRIDLE PATH WAY TARPON SPRINGS, FL 34688	551 BRIDLE PATH WAY TARPON SPRINGS, FL 34688
2. Principal Place of Business - No P.O. Box #: 128 Georgia Ave. Suite, Apt. #, etc.	3. Mailing Address: P.O. Box 584 Suite, Apt. #, etc.
City & State: Crystal Beach Fl	City & State: Crystal Beach Fl
Zip: 34681 Country: USA	Zip: 34681 Country: USA

4. FEI Number: 26-111 4239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEILA J PRIEST, EA, LLC
1000 OMAHA STREET
PALM HARBOR, FL 34683

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, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSCIGNO, MICHAEL J 551 BRIDLE PATH WAY TARPON SPRINGS, FL 34688	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ruscigno, Michael J 128 Georgia Ave PO Box 584 Crystal Beach Fl 34681	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] 30 Apr 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #