

550

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P95000073688</b>		
1. Entity Name RFJ PROPERTIES, INC.		
Principal Place of Business 934 NE LAKE DESOTO CIRCLE LAKE CITY, FL 32055	Mailing Address 934 NE LAKE DESOTO CIRCLE LAKE CITY, FL 32055	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  JORDAN, ROBERT F 934 NE LAKE DESOTO CIRCLE LAKE CITY, FL 32055		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD JORDAN, ROBERT F 934 NE LAKE DESOTO CIRCLE LAKE CITY, FL 32055	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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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: <u>Robert F. Jordan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/11/06</u> Daytime Phone # <u>886 755 3456</u>

FILED

06 JUL 14 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3342716	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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07/21/06-01009-014 \*\*600.00