2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 22, 2004 08:00 AM DOCUMENT # P95000095135 **Secretary of State** 1. Entity Name RJ & LK. INC. Principal Place of Business Mailing Address PO BOX 934 **6159 PARCHMENT CT** HAYMARKET, FL 20169 HAYMARKET, VA 20168-0934 CR2E034 (10/03) 07092004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3366068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, CHARLES P ESQ. DO NOT WRITE EMMANUEL, SHEPPARD & CONDON 30 S. SPRING STREET IN THIS SPACE PENSACOLA, FL 33501 1. 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 protect name of registered agent and trie & applicable. (NOTE: Registered Agent agniture required when reinstating) DATE in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TILLE PARZIALE, JOHN R NAME 6159 PARCHMENT CT STREET ADDRESS CITY-ST-7P HAYMARKET, FL 20169 ME U00000167683 07/22/04-80004-022 150.00 HALIF STREET ADDRESS DTY-ST-ZP HILE HABIT STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CRTY-ST-ZIP BILE HAME STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS CRY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 any address, with although like empowered.

CONTROL AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

FILED