

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:31

DOCUMENT # P96000062112

1. Entity Name
RJB PARKWAY ENTERPRISES, INC.



REINSTATEMENT 04



Principal Place of Business
7557 S.E. PELICAN WAY
HOBE SOUND, FL 33455 US

Mailing Address
7557 S.E. PELICAN WAY
HOBE SOUND, FL 33455 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

08182004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0753595
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BURNS, RICHARD J
7557 S.E. PELICAN WAY
HOBE SOUND, FL 33455

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	BURNS, RICHARD J	
STREET ADDRESS	7557 S.E. PELICAN WAY	
CITY-ST-ZIP	HOBE SOUND, FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	BURNS, STEPHEN R	
STREET ADDRESS	8 APPLETREE LN	
CITY-ST-ZIP	WILMINGTON, MA 01887	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, MICHAEL J	
STREET ADDRESS	37 CLIFFE AVE.	
CITY-ST-ZIP	LEXINGTON, MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLAGHER, LESLIE B	
STREET ADDRESS	118 PRAIRIE MEADOW CT	
CITY-ST-ZIP	SAINT CHARLES, MO 63304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100042608311	
STREET ADDRESS	11/09/04--01079--001 **150.00	
CITY-ST-ZIP		
TITLE	SHAUNA L BURNS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6498 SE WINDSONG LN.	
STREET ADDRESS	STUART FL 321997	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 11-1-04 DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/04