


FILED
Apr 27, 2005 8:00 am
Secretary of State

14001199

DOCUMENT # P96000062112

1. Entity Name
RJB PARKWAY ENTERPRISES, INC.




04-27-2005 90333 002 ***150.00

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

14001199



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

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

04152005 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 _____
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, 2005 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

PC
BURNS, RICHARD J
7557 S.E. PELICAN WAY
HOBE SOUND, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BURNS, SHAUNA L
6498 SE WINDSONG LN
STUART, FL 34997

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BURNS, MICHAEL J
37 CLIFFE AVE.
LEXINGTON, MA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GALLAGHER, LESLIE B
118 PRAIRIE MEADOW CT
SAINT CHARLES, MO 63304

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STREET ADDRESS
CITY-ST-ZIP

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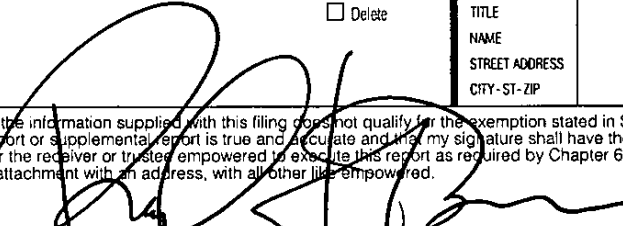
TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:  4/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #