

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000073810

1. Entity Name
RJS ENTERPRISES OF MANATEE, INC.



Principal Place of Business
532 37TH ST. COURT W
PALMETTO, FL 34221

Mailing Address
P.O. BOX 1147
PALMETTO, FL 34220

2. Principal Place of Business - No P.O. Box #

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0696568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEIGLER, ROBERT
633 PALMETTO POINT DRIVE 532 37th St Court West
PALMETTO, FL 34221

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)

8/2/07

DATE

Amended AR is \$61.25

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 P ☐ Delete
NAME ZEIGLER, ROBERT
STREET ADDRESS 532 37TH STREET COURT WEST
CITY-ST-ZIP PALMETTO, FL 34221

TITLE ☐ Change ☐ Addition
NAME 500108027475
STREET ADDRESS 08/14/07--01016--005 **\$61.25
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME SLAGLE, STEVEN
STREET ADDRESS 429 45TH STREET CT W
CITY-ST-ZIP PALMETTO, FL 34221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ZEIGLER, SHERYL
STREET ADDRESS 532 37TH STREET COURT WEST
CITY-ST-ZIP PALMETTO, FL 34221

TITLE Vice President ☒ Change ☐ Addition
NAME Sheryl Zeigler
STREET ADDRESS 532 37th St. Court West
CITY-ST-ZIP Palmetto, FL 34221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/02/07

FILED

07 AUG -8 AM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

