## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 27, 2006 08:00 AM Secretary of State **DOCUMENT # P96000081081** 1. Entity Name RJP DEVELOPMENT COMPANY - Mailing Address Principal Place of Business 300 E. NEW HAVEN AVE. 300 E. NEW HAVEN AVE. MELBOURNE, FL 32901 MELBOURNE, FL 32901 CR2E034 (11/05) 01052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3404563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PENCE, ROY J DO NOT WRITE 300 E NEW HAVEN AVE. MELBOURNE, FL 32901 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or project name of registered agent and the if applicable. H00000448607 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/03/06-8002**0-0**16 **150.00** Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE PENCE, ROY J NAME STREET ADDRESS 300 E NEW HAVEN AVE MELBOURNE, FL 32901 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C17 Y - S7 - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this fitting does not quality 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee ampenered 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:

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP T)7LE

**FILED**