


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

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|---|---|
| <b>DOCUMENT # P97000033916</b><br>1. Entity Name<br>RJD FINANCIAL, INC. |  |
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|---|---|
| Principal Place of Business<br>821 WHIPPORWILL DRIVE<br>PORT ORANGE, FL 32127 | Mailing Address<br>821 WHIPPORWILL DRIVE<br>PORT ORANGE, FL 32127 |
|---|---|



04112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>59-3441568                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>DUBOVEC, RUDY J<br>821 WHIPPORWILL DRIVE<br>PORT ORANGE, FL 32127 |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PVST<br>DUBOVEC, RUDY J<br>821 WHIPPORWILL DRIVE<br>PORT ORANGE, FL 32127 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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|---|
| <p>U000000510832<br/>04/29/06-80025-018 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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: *Rudy Dubovec* RUDY DUBOVEC 4-11-06 386 852-1648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #