

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90022 022 \*\*\*150.00

**DOCUMENT # P97000078061**

1. Entity Name

R. J. SANCHEZ INCORPORATED, INC.



Principal Place of Business.

604 DOUGLAS DR  
JUPITER FL 33458  
US

Mailing Address

604 DOUGLAS DR  
JUPITER FL 33458  
US

2. Principal Place of Business

12267 Hillman Cir.

Suite, Apt. #, etc.

3. Mailing Address

12267 Hillman Cir.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

65-0843576

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ROBERT J-  
604 DOUGLAS DR  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12267 Hillman Cir

City

Palm Beach Gardens

FL

Zip Code

33410

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

*Robert Sanchez*

2/23/04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SANCHEZ, ROBERT	
STREET ADDRESS	604 DOUGLAS DR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANCHEZ, CARRIE	
STREET ADDRESS	604 DOUGLAS DR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12267 Hillman Cir.
STREET ADDRESS	Palm Beach Gardens, FL. 33410
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12267 Hillman Cir.
STREET ADDRESS	Palm Beach Gardens, FL. 33410
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	
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: *Robert Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 561-718-7499

Date

Daytime Phone #