


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90266 037 ***150.00

DOCUMENT # P97000083472			
1. Entity Name R. J. TEXTILES, INC.			
Principal Place of Business 3845 INDIAN RIVER DRIVE VERO BEACH, FL 32963		Mailing Address 3845 INDIAN RIVER DRIVE VERO BEACH, FL 32963	
2. Principal Place of Business - No P.O. Box # 1755 Commerce Avenue		3. Mailing Address 1755 Commerce Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH FLORIDA		City & State VERO BEACH FLORIDA	
Zip 32960	Country USA	Zip 32960	Country USA
4. FEI Number 11-2947576		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMERS, ROBERT 3845 INDIAN RIVER DRIVE VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name ROBERT HAMERS Street Address (P.O. Box Number is Not Acceptable) 30 HARBOR ISLE DRIVE WEST UNIT 102 City FT PIERCE, FLORIDA FL Zip Code 34949	
8. The above named entity admits 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 <u><i>Robert Hamers</i></u> ROBERT HAMERS PRESIDENT 3/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HAMERS, ROBERT 3845 INDIAN RIVER DRIVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 30 HARBOR ISLE DRIVE WEST UNIT 102 FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Robert Hamers</i></u> ROBERT HAMERS		Date <u>3/28/07</u> Daytime Phone # <u>772-563-0002</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	