


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90007 043 ***150.00

DOCUMENT # P97000097379 1. Entity Name RJA INVESTMENT GROUP, INC.	
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Principal Place of Business 5831 MEMORIAL HWY. TAMPA, FL 33615	Mailing Address 5831 MEMORIAL HWY. TAMPA, FL 33615
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04037208



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3476511	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOYD, DIANE M 5831 MEMORIAL HWY. TAMPA, FL 33615

**DO NOT WRITE
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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYD, DIANE M 5831 MEMORIAL HWY. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VP BOYD, BRENDA L 5831 MEMORIAL HWY. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, MARY A 5831 MEMORIAL HWY. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDERSON, DEBRA B 5831 MEMORIAL HWY. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYD, JOHN T 5831 MEMORIAL HWY. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYD, ROBERT J 5831 MEMORIAL HWY. TAMPA, FL 33615

**DO NOT WRITE
IN THIS SPACE**

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: Deanne M. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 8137488177
Date Daytime Phone #