2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 FEB 12 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000106259

1. Entity Name
RNJ PLANTS, INC.

Principal Place of Business	Mailing Address
15450 SOUTHWEST 232 STREET GOULDS, FL 33170	15450 SOUTHWEST 232 STREET GOULDS, FL 33170

FOR DIRECT DEPOSIT

01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0801781
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASSON, RAMON
15450 SW 232 STREET
MIAMI, FL 33170

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	MASSON, RAMON JR
STREET ADDRESS	15450 SOUTHWEST 232 STREET
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	P
NAME	MASSON, PILAR E
STREET ADDRESS	15450 SOUTHWEST 232 STREET
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100029125401
02/20/04--01028--029 **150.00

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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: Pilar E. Masson See 1 29 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #