## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000105598

1. Entity Name

FRJ ENTERPRISES, INC.



May 04, 2004 8:00 am Secretary of State

**FILED** 

Principal Place of Business

4827 ALCAZAR WAY S. SAINT PETERSBURG, FL 33712 Mailing Address

4827 ALCAZAR WAY S. SAINT PETERSBURG, FL 33712



DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

 4. FEI Number
 Applied For

 59-3552188
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -

RAMEY, FLOYD JR 4827 ALCAZAR WAY S. SAINT PETERSBURG, FL 33712 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
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		<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>		
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS RAMEY, FLOYD JR 4827 ALCAZAR WAY S. SAINT PETERSBURG, FL 33712			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM RAMEY, FLOYD JR. 4827 ALCAZAR WAY S. SAINT PETERSBURG, FL 33712	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMEY, FLOYD E 4517 13 TH AVE NW DEERFIELD BEACH, FL 33064		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 complemental report in true and accurate and that my signature shall have the complemental report in true and accurate and that my signature shall have the complemental report.				

12. I nereby certify that the information supplied with this hiling 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR Date OF SIGNING OFFICER OR DIRECTOR

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59-2552188

Address change: PVTS, DCM

rew: 2300 Burlington Ave N. St. Petersburg, FL 33713

old: 4827 AlcAZAr WAY S. St. Petersburg, Fl 33712