2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P98000105598 1. Entity Name FRJ ENTERPRISES, INC.					05-02-2005 905	529 031	***150.00)
Principal Place of Business 4827 ALCAZAR WAY S. SAINT PETERSBURG, FL 33712 Mailing Address 4827 ALCAZAR WAY S. SAINT PETERSBURG, FL 33712		33712) (2001 (811) 820) 821) 821)		00459	85 M.IIIII	
Suite, Apt.		Suite, Apt. #, etc.	we N	04292005	Chg-P	4 14 0 11 0 01 0 4 0 14	34 (10/03)	
City & State	etersburg	St. State	<u>-</u> L	4. FEI Number 59-355			_ 	plied For t Applicable
Zio (F)	Country 33703 USA 6. Name and Address of Current F	Zip 22703 legistered Agent	Country V S A		of Status Desired		\$8.75 Addi Fee Required Agent	
DAMEY E	OVD IR		Name					
	AZAR WAY S. FERSBURG, FL 33712	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City				Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re		tered agent, or bo	th in the State of Flo	FL	·	
	ons of registered agent.	and perpose of an enging its re	giotorea amee ar regis	norda agent, or bo	ar, in the ordic or rio	anou. Tant	Cirillas Hari,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE: 8	egistered Agent signature requ	lired when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.0	Selection Campaign Trust Fund Contrib		55.00 May Be				
10.	OFFICERS AND D		11.	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS RAMEY, FLOYD JR 4827 ALCAZAR WAY S. SAINT PETERSBURG, FL 33712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS	DCM RAMEY, FLOYD JR. 4827 ALCAZAR WAY S.	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	!	CITY-ST-ZIP	,				
NAME STREET ADDRESS CITY-ST-ZIP	VP RAMEY, FLOYD E 4517 13 TH AVE NW DEERFIELD BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• .			Change	Addition
12. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	this filing does not qualify for the true and accurate and that my wered to execute this report as with all other like empowered.	ne exemption stated in signature shall have the required by Chapter (Section 119.07(3) he same legal effe 607, Florida Statut	(i), Florida Statutes ct as if made under es; and that my nam	I further cer oath; that I e appears	tify that the ir am an officer n Block 10 or	nformation or director r Block 11 if

SIGNATURE: Sonature and type of the bound Ramey To 4/28/05 (227)422-0430