## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P99000083845** 04-18-2005 90293 023 \*\*\*150.00 RJM COMMERCIAL, INC. Principal Place of Business Mailing Address 5424 W. CRENSHAW ST. 5424 W. CRENSHAW ST. TAMPA, FL 33634 TAMPA, FL 33634 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3599553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURDEN, BRIAN A DO NOT WRITE 120 SQ. WILLOW AVE. **TAMPA, FL 33606** 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550,00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PSTD** MICHAUD, RONDA NAME STREET ADDRESS 5424 W. CRENSHAW AVE. CITY-ST-71P **TAMPA, FL 33634** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**