


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

|  |                          |   |
|--|--------------------------|---|
| <b>DOCUMENT # S71846</b><br>1. Entity Name<br>RJK ASSOCIATES, INC.   |                          |    |
| Principal Place of Business<br>41 LONG POINT DR<br>AMELIA ISLAND, FL 32034 US  |                          | Mailing Address<br>41 LONG POINT DR<br>AMELIA ISLAND, FL 32034 US   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |                          |   |
| 6. Name and Address of Current Registered Agent<br><br>MCCORMICK, JANE F<br>41 LONG POINT DR<br>AMELIA ISLAND, FL 32034  |                          | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |                          |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |                          |   |
| TITLE  | D                        |   |
| NAME   | MCCORMICK, RICHARD G. JR |   |
| STREET ADDRESS   | 41 LONG POINT DR         |   |
| CITY-ST-ZIP  | AMELIA ISLAND, FL 32034  |   |
| TITLE  | D                        |   |
| NAME   | MCCORMICK, JANE F.       |   |
| STREET ADDRESS   | 41 LONG POINT DR         |   |
| CITY-ST-ZIP  | AMELIA ISLAND, FL 32034  |   |
| TITLE  |                          |   |
| NAME   |                          |   |
| STREET ADDRESS   |                          |   |
| CITY-ST-ZIP  |                          |   |
| TITLE  |                          |   |
| NAME   |                          |   |
| STREET ADDRESS   |                          |   |
| CITY-ST-ZIP  |                          |   |
| TITLE  |                          |   |
| NAME   |                          |   |
| STREET ADDRESS   |                          |   |
| CITY-ST-ZIP  |                          |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richard G. McCormick Jr.</u> <b>RICHARD G. MCCORMICK JR</b>  |                          | 4/6/07<br>904-277-2298  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                          | <small>Date Daytime Phone #</small>   |



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0283010

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

U00000717509  
04/30/07-80051-013 150.00

**DO NOT WRITE  
IN THIS SPACE**