## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S71846**

1. Entity Name RJK ASSOCIATES, INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

41 LONG POINT DR

AMELIA ISLAND, FL 32034 US

41 LONG POINT DR AMELIA ISLAND, FL 32034

US



DO	NOT	<b>WRITE</b>	IN	THIS	SPACE
$\boldsymbol{\nu}$	1101	**!	11.4	11110	JI AUL

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, JANE F 41 LONG POINT DR AMELIA ISLAND, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

AMELIA IS	SLAND, FL 32034			IN	THIS SPACE
	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D MCCORMICK, RICHARD G. JR 41 LONG POINT DR AMELIA ISLAND, FL 32034	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, JANE F. 41 LONG POINT DR AMELIA ISLAND, FL 32034		:		U00000919781 05/14/09-80016-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
NAME STREET ADDRESS CITY-SI-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:	2. l.	29	WY.	rif	Qu.	RICHARD 6. MCCOR	MICK. JE	4/15	108
	BUTTURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR					Date		Daytima Phone #	