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S85006

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 MAY 27 AM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S85006	
1. Entity Name J.R.J. INDUSTRIES, INC.	



Principal Place of Business 2071 S.W. 70TH AVE. BAY G-1 DAVIE, FL 33317 US	Mailing Address 2071 S.W. 70TH AVE BAY G-1 DAVIE, FL 33317 US
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03212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0289501	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Makrob Accounting Service
3000 University Dr. #E
Coral Springs FL 33077

**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]

[Signature]

3/29/04

Signature required or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JOHNSON, JEFF R.
STREET ADDRESS	2071 SW 70 AVE
CITY-ST-ZIP	DAVIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 or without other like empowered.

SIGNATURE:

[Signature]

5/29/04

954-473-4303

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #