
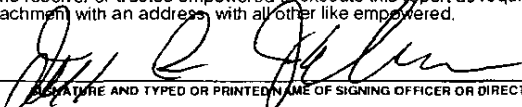


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90097 013 \*\*\*150.00

|  |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|--|-------------------------|--------------------------|--|---|--------|--|-------------------------|--------------------------|----------------|-----------------------|--|---------------|-----------------|--|---|--|--|-------|------|--------|----------|--|--|--------------------------|--------------------------|----------------|--|--|--|---------------|--|--|--|
| <b>DOCUMENT # S85006</b><br>1. Entity Name<br><b>J.R.J. INDUSTRIES, INC.</b>   |                         |                          |  |    |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| Principal Place of Business<br><b>2071 S.W. 70TH AVE.<br/>BAY G-1<br/>DAVIE FL 33317<br/>US</b>  |                         |                          | Mailing Address<br><b>2071 S.W. 70TH AVE<br/>BAY G-1<br/>DAVIE FL 33317<br/>US</b> |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                         |                          | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| City & State   |                         |                          | City & State   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| Zip  | Country                 | Zip                      | Country  | 4. FEI Number <b>65-0289501</b><br>Applied For<br><input type="checkbox"/> Not Applicable   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                         |                          |  | 6. Name and Address of Current Registered Agent<br><b>MAKROB ACCOUNTING SERVICE<br/>3000 UNIVERSITY DE #E<br/>CORAL SPRINGS FL 33077</b>  |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code   |                         |                          |  | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                         |                          |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td><b>JOHNSON, JEFF R.</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2071 SW 70 AVE</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>DAVIE FL</b></td> <td></td> </tr> </table>   |                         |                          | TITLE  | NAME  | Delete |  | <b>JOHNSON, JEFF R.</b> | <input type="checkbox"/> | STREET ADDRESS | <b>2071 SW 70 AVE</b> |  | CITY- ST- ZIP | <b>DAVIE FL</b> |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table> |  |  | TITLE | NAME | Change | Addition |  |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY- ST- ZIP |  |  |  |
| TITLE  | NAME                    | Delete                   |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|  | <b>JOHNSON, JEFF R.</b> | <input type="checkbox"/> |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| STREET ADDRESS   | <b>2071 SW 70 AVE</b>   |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| CITY- ST- ZIP  | <b>DAVIE FL</b>         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| TITLE  | NAME                    | Change                   | Addition   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|  |                         | <input type="checkbox"/> | <input type="checkbox"/>   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| STREET ADDRESS   |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| CITY- ST- ZIP  |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |                         |                          | TITLE  | NAME  | Delete |  |                         | <input type="checkbox"/> | STREET ADDRESS |                       |  | CITY- ST- ZIP |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>  |  |  | TITLE | NAME | Change | Addition |  |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY- ST- ZIP |  |  |  |
| TITLE  | NAME                    | Delete                   |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|  |                         | <input type="checkbox"/> |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| STREET ADDRESS   |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| CITY- ST- ZIP  |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| TITLE  | NAME                    | Change                   | Addition   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|  |                         | <input type="checkbox"/> | <input type="checkbox"/>   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| STREET ADDRESS   |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| CITY- ST- ZIP  |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |                         |                          | TITLE  | NAME  | Delete |  |                         | <input type="checkbox"/> | STREET ADDRESS |                       |  | CITY- ST- ZIP |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>  |  |  | TITLE | NAME | Change | Addition |  |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY- ST- ZIP |  |  |  |
| TITLE  | NAME                    | Delete                   |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|  |                         | <input type="checkbox"/> |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| STREET ADDRESS   |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| CITY- ST- ZIP  |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| TITLE  | NAME                    | Change                   | Addition   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|  |                         | <input type="checkbox"/> | <input type="checkbox"/>   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| STREET ADDRESS   |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| CITY- ST- ZIP  |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |                         |                          | TITLE  | NAME  | Delete |  |                         | <input type="checkbox"/> | STREET ADDRESS |                       |  | CITY- ST- ZIP |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>  |  |  | TITLE | NAME | Change | Addition |  |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY- ST- ZIP |  |  |  |
| TITLE  | NAME                    | Delete                   |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|  |                         | <input type="checkbox"/> |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| STREET ADDRESS   |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| CITY- ST- ZIP  |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| TITLE  | NAME                    | Change                   | Addition   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
|  |                         | <input type="checkbox"/> | <input type="checkbox"/>   |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| STREET ADDRESS   |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| CITY- ST- ZIP  |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| 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 all other like empowered. |                         |                          |  |   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |
| SIGNATURE:    |                         |                          |  | Date <b>7-18-05</b> Daytime Phone # <b>954-473-4305</b>   |        |  |                         |                          |                |                       |  |               |                 |  |   |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |               |  |  |  |

ATTACHMENT

50052288  
# 385006

FLORIDA DEPT. OF STATE

NOTE: SHORTLY AFTER RECEIVING YOUR ORIGINAL NOTICE OF THE ANNUAL RERPORT, I MAILED IN THE PERFORATED CARD SO THAT YOU WOULD MAIL ME THE FORM. I NEVER RECEIVED THE FORM AND CALLED YOUR OFFICE. KATHY TOLD ME TO WRITE THIS LETTER AND SEND WITH MY COMPLETED REPORT AND TO PAY \$150.00.

THANKS  
JEFF JOHNSON, PRESIDENT  
J.R.J. INDUSTRIES  
2071 SW 70<sup>TH</sup> AV. #G-1  
DAVIE, FL 33317  
FEI # 65-0289501  
PHONE: 954-473-4303  
JULY 18, 2005

Doc. # - S85006

