


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90065 047 ***150.00

DOCUMENT # V18525 1. Entity Name R.J.N. INDUSTRIES, INC.					
Principal Place of Business 6732 NW 20TH AVE FT. LAUDERDALE, FL 33309 US			Mailing Address 6732 NW 20TH AVE FT. LAUDERDALE, FL 33309 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0320194	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCAFFERTY, JAMES S 1125 S FLAGLER AVENUE APT. 512 POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name MCCAFFERTY, JAMES S Street Address (P.O. Box Number is Not Acceptable) 827 Wedge Lane City Pompano Beach FL Zip Code 33069		
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 <u><i>John J. Smith</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-19-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WESSELS, ROBERT H 5111 NE 17TH AVE. FT. LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCAFFERTY, JAMES S 1125 S FLAGLER AVENUE APT. 512 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D MCCAFFERTY, JAMES S 827 WEDGE Lane POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D MCCAFFERTY, JAMES S 827 WEDGE Lane POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D MCCAFFERTY, JAMES S 827 WEDGE Lane POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D MCCAFFERTY, JAMES S 827 WEDGE Lane POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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><i>John J. Smith</i></u> <u>1-19-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					