2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

DOCUMENT # V71156 1. Entity Name RJE CORPORATION Principal Place of Business 4302 GATOR TRACE DRIVE FT. PIERCE, FL 34982 US Mailling Address 4302 GATOR TRACE DRIVE FT. PIERCE, FL 34982 US	Secretary of State
DO NOT WRITE IN THIS SPA	03132006 No Chg-P CR2E034 (11/05)
5. Name and Address of Current Registered Agent HUGHES, LANTIE 4302 GATOR TRACE DRIVE FT. PIERCE, FL 34982	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, typed of printed name of registered agent and the # applicable (NOTE Registered Agent signature requires when reinstating) DATE	
FILE NOWIII FEE IS \$150.00 - Q. Election Campaign Final After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS 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 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 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 filling does not qualify for the exceptions 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 report legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607 Flonda Statutes; and that my name appears in Black 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE Distance and Types or Printed NAME OF SIGNING OFFICER OR DIRECTOR. Date Distance Date Distance Date Distance Date Distance Date Distance Date D	