

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90238 004 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # H15119 1. Entity Name R.J.B. ENTERPRISES, INC. | | | |  | |
| Principal Place of Business P.O. BOX 46620 MT. CLEMENS, MI 48046 US | | | Mailing Address P.O. BOX 46620 MT CLEMENS, MI 48046 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03222005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-2435616 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BIGGS, RAYMOND J. 11421 OLD HARBOUR ROAD N. PALM BEACH, FL 33408 | | | 7. Name and Address of Now Registered Agent Name RAYMOND J BIGGS Street Address (P.O. Box Number is Not Acceptable) 11975 LOST TREE WAY N-PALM-BEACH City FL Zip Code 33408 | | |
| 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. ADDRESS CHANGE ONLY | | | | | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 4/13/05 <small>(NOTE: Registered Agent signature required when constituting)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | PD BIGGS, RAYMOND J. P O BOX 46620 N/A MT. CLEMENS, MI 48046 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 4/13/05 (536) 4696919 <small>Date Daytime Phone #</small> | | |