

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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**

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-2435616

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIGGS, RAYMOND J.
11975 LOST TREE WAY
N. PALM BEACH, FL 33408**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: **PD**
NAME: **BIGGS, RAYMOND J.**
STREET ADDRESS: **P O BOX 46620 N/A**
CITY-ST-ZIP: **MT. CLEMENS, MI 48046**

TITLE:
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U00000954899
07/15/08-80002-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPE OF POSITION OF SIGNED OFFICER OR DIRECTOR

7/10/08 (586) 4696 919

Date Daytime Phone #