

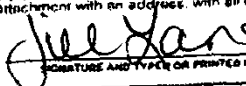
FROM : SEABURN & ASSOCIATES, INC.

FAX NO. : 407 774 7401

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 016 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000111712			
1. Entity Name S & J ENTERPRISES OF MT. DORA, INC.			
Principal Place of Business 5644 ROUND LAKE RD. APOPKA, FL 32712		Mailing Address 5644 ROUND LAKE RD. APOPKA, FL 32712	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 355 W. Orange Blossom Tr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Apopka, FL	
Zip	Country	Zip	Country
		32712-3451	USA
4. FBI Number 20-1441917		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LANG, JILL R 5644 ROUND LAKE RD. APOPKA, FL 32714		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (Printed Name of Registered Agent and Fee if applicable) (NOTE: Registered Agent signature required when not in person) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	LANG, SETH S	NAME	
STREET ADDRESS	5644 ROUND LAKE RD	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	S,T	TITLE	☐ Change ☐ Addition
NAME	LANG, JILL R	NAME	
STREET ADDRESS	5644 ROUND LAKE RD	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date 3/27/07 407 880 0606	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			