

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90171 016 \*\*\*150.00

DOCUMENT # P04000123937  
 1. Entity Name  
 E J R ENTERPRISES ASSOCIATES, INC.



Principal Place of Business  
 16528 N DALE MABRY HWY  
 TAMPA, FL 33618

Mailing Address  
 P O BOX 2485  
 TAMPA, FL 33595



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State  
 Zip Country

4. FEI Number  
 75-3165627

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
 SANDERS, WALTER  
 16528 N DALE MABRY HWY  
 TAMPA, FL 33618

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

7. Name and Address of New Registered Agent

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 Walter Sanders Walter Sanders 4-11-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LAMBERT, JACK
STREET ADDRESS	3902 CRESTWOOD DRIVE
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	D <input type="checkbox"/> Delete
NAME	LAMBERT, ELLIE
STREET ADDRESS	3902 CRESTWOOD DRIVE
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	D <input type="checkbox"/> Delete
NAME	SCHMIDT, RANDY
STREET ADDRESS	3902 CRESTWOOD DRIVE
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 information.

SIGNATURE: Ellie Lambert 4/26/06 813-690-0319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #