

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123937

FILED
Apr 12, 2007
Secretary of State

Entity Name: E J R ENTERPRISES ASSOCIATES, INC.

Current Principal Place of Business:

16528 N DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P O BOX 2485
TAMPA, FL 33595

New Mailing Address:

P O BOX 2485
LITHIA, FL 33595

FEI Number: 75-3165627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, WALTER
16528 N DALE MABRY HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMBERT, JACK
Address: 3902 CRESTWOOD DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: LAMBERT, ELLIE
Address: 3902 CRESTWOOD DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: SCHMIDT, RANDY
Address: 3902 CRESTWOOD DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAMBERT, JACK
Address: 11533 HAMMOCK OAKS CT
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: LAMBERT, ELLIE
Address: 11533 HAMMOCKS CT
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: SCHMIDT, RANDY
Address: 11533 HAMMOCK OAKS CT
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIE LAMBERT

D

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date