

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123937

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: E J R ENTERPRISES ASSOCIATES, INC.

**Current Principal Place of Business:**

401 N. PARSONS AVE  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2485  
LITHIA, FL 33595

**New Mailing Address:**

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, JOHN  
Address: 11533 HAMMOCK OAKS CT  
City-St-Zip: LITHIA, FL 33547

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

Title: D ( ) Delete  
Name: SCHMIDT, RANDALL  
Address: 11533 HAMMOCK OAKS CT  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WALTER SANDERS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

04/08/2009

\_\_\_\_\_ Date