

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-30-2007 90061 006 ***158.75



DOCUMENT # P06000142313

1. Entity Name
S & J SOLUTIONS, INC.

Principal Place of Business 5808 HERMITAGE CIRCLE MILTON, FL 32570 US	Mailing Address 5808 HERMITAGE CIRCLE MILTON, FL 32570 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07092007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5880747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, CHERYL
2211 NORTH SIXTH AVENUE
PENSACOLA, FL 32503

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: *Cheryl L. McIntosh* DATE: 07/09/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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	PRES	<input type="checkbox"/> Delete
NAME	SULLIVAN, KESHANA	
STREET ADDRESS	5808 HERMITAGE CIRCLE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	SULLIVAN, KESHANA	
STREET ADDRESS	5808 HERMITAGE CIRCLE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	SULLIVAN, KESHANA	
STREET ADDRESS	5808 HERMITAGE CIRCLE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	SULLIVAN, KESHANA	
STREET ADDRESS	5808 HERMITAGE CIRCLE	
CITY-ST-ZIP	MILTON, FL 32570	
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 empowered.

SIGNATURE: *Keshana Sullivan* **KESHANA SULLIVAN** DATE: 07/09/07 DAYTIME PHONE #: (850) 628-1126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #