## **,2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## May 03, 2005 8:00 am DOCUMENT # P97000064618 Secretary of State 05-03-2005 90149 010 \*\*\*158.75 LJ ESPRESSO ENTERPRISES, INC. Mailing Address Principal Place of Business 905 E. NEW HAVEN AVE MELBOURNE FL 32901 905 E. NEW HAVEN AVE MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3458920 Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENNEY, JANET Street Address (P.O. Box Number is Not Acceptable) **403 CORAL AVENUE MELBOURNE BEACH FL 32951** City 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. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition TITLE Delete NAME DENNEY, JANET NAMÉ STREET ADDRESS 403 CORAL AVE STREET ADDRESS MELBOURNE FL 32951 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change PRESIDENT NAME NAME Denney, Janet STREET ADDRESS STREET ADDRE 403 Coral Ave, Mel Beach, FL 32951 CITY-ST-ZIP CITY-ST-ZIP DILE IIIIc Treasure 5 NAME NAME 5 Denne +, Jane + STREET ADDRESS isocoral ave Mel. Bench 12 329. TI CITY-ST-7IP CITY-ST-7IP TITLE TITLE Socretory Secretory NAME NAME DenryJanet Denney, Jonet STREET ADDRESS STREET ADDRESS 403 Coral Que Mel. Beach FL 32951 403 Coral Ale Mel. Beach, FL 32951 CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ 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 exemption stated in Section 119.07(3)(i), 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 adverse, with all other like empowered.

Denner

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE.

**FILED**