


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000001119</b> 1. Entity Name <b>S B &amp; J ENTERPRISES, INC.</b>	
--	---

Principal Place of Business <b>9063 N.W. 21ST CT. CORAL SPRINGS FL 33071</b>	Mailing Address <b>P.O. BOX 770277 CORAL SPRINGS FL 33077-0277</b>
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent  <b>OFFENTHER, MARTY M 9063 NW 21 COURT CORAL SPRINGS FL 33071</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
--	---

4. FEI Number <b>65-0810529</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 50%;">D OFFENTHER, MARTY M 9063 NW 21ST COURT CORAL SPRINGS FL 33071</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	D OFFENTHER, MARTY M 9063 NW 21ST COURT CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> <p style="text-align: right; font-size: small;">000000611229 02/02/07-80052-021 150.00</p>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D OFFENTHER, MARTY M 9063 NW 21ST COURT CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marty Offenther* 1/28/07 954 752-7331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #