


FOR PROFIT CORPORATION
2008 ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90148 045 ***150.00

DOCUMENT # **P98000049413**

1. Entity Name
P.J. & J. CORPORATION
2499 S.W. BOBALINK
PALM CITY FLORIDA 34990



DO NOT WRITE IN THIS SPACE

40093830

2. Principal Place of Business - No P.O. Box #
2929 SE OCEAN BLVD.

3. Mailing Address
2499 BOBALINK COURT

Suite, Apt. #, etc.
130-2

City & State
STUART FLORIDA

City & State
PALM CITY FLORIDA

Zip
34996

Country
U.S.

CR2E034B (5/07)

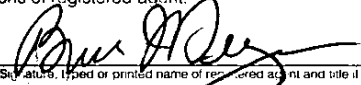
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4. FEI Number
65-0834477

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 

DATE **4-10-08**

7. Name and Address of Current Registered Agent

Name
BRUCE J. HEYMAN

Street Address (P.O. Box Number is Not Acceptable)
2499 BOBALINK COURT

City
PALM CITY

FL Zip Code
34990

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRUCE J. HEYMAN 2499 BOBALINK COURT PALM CITY FLORIDA 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

DATE **4-10-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Time Phone #