

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90071 007 ***150.00

DOCUMENT # P98000036147

1. Entity Name
SJS MACHINERY, INC.



Principal Place of Business
**1885 W EXECUTIVE RD
WINTER HAVEN, FL 33884**

Mailing Address
**6039 CYPRESS GARDENS BLVD STE 311
WINTER HAVEN, FL 33884**

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

02092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1684117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIGNOR, STEVEN LOWELL
4911 WILLOWBROOK CIR
WINTER HAVEN, FL 33884**

Name **Signor, Steven Lowell**

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

1801 Brooke Road

City **Ft. Meade**

FL

Zip Code **33841**

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

Steven Lowell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SIGNOR, STEVEN LOWELL**
STREET ADDRESS **4911 WILLOWBROOK CIR**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **P** ☒ Change ☐ Addition
NAME **Signor, Steven Lowell**
STREET ADDRESS **1801 Brooke Road**
CITY-ST-ZIP **Ft. Meade, FL 33841**

TITLE **V** ☐ Delete
NAME **SANTO, ROBERT**
STREET ADDRESS **305 HARGROVE LANE**
CITY-ST-ZIP **KISSIMMEE, FL 34747**

TITLE **V** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SIGNOR, DANA**
STREET ADDRESS **4911 WILLOWBROOK CIR**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **ST** ☒ Change ☐ Addition
NAME **Signor, Dana**
STREET ADDRESS **1801 Brooke Road**
CITY-ST-ZIP **Ft. Meade FL 33841**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Steven Lowell

2/20/07 (863) 285-7993