

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 154996

**Entity Name:** NJN, INC.

**Current Principal Place of Business:**

2217 S OCCIDENT ST.  
TAMPA, FL 33629

**Current Mailing Address:**

P. O. BOX 10415  
TAMPA, FL 33679

**FEI Number:** 59-0717953

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COCHRAN, ROBERT  
MACFARLANE, FERGUSON & MCMULLEN, PA  
201 N. FRANKLIN ST., SUITE 2000  
TAMPA, FL 33602 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PT	Title	VS
Name	SAUER, NANCY N.	Name	SAUER, NANCY
Address	2215 S. OCCIDENT ST.	Address	2215 S OCCICENT ST
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY N. SAUER

**PRESIDENT**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date