

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90669 029 ***150.00

DOCUMENT # 397186

1. Entity Name

VANJAY DEVELOPMENT CORP.



Principal Place of Business

6815 SW 35TH WAY
GAINESVILLE FL 32608 - 7453
5333 SW 75 STR - AA 157

Mailing Address

6815 SW 35TH WAY
GAINESVILLE FL 32608 - 7453
5333 SW 75 STR - AA 157

2. Principal Place of Business

5333 SW 75 STR

3. Mailing Address

5333 SW 75 STR - AA 157

Suite, Apt. #, etc.

AA-157

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

Zip

32608-7453

Country

USA

Zip

Country

4. FEI Number

59-1399694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JAY
6815 SW 35TH WAY
GAINESVILLE FL 32608 - 7453
5333 SW 75 STR - AA 157

7. Name and Address of New Registered Agent

Name

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

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | WILLIAMS, JAY | |
| STREET ADDRESS | 821 N.W. 13TH STREET | |
| CITY-ST-ZIP | GAINESVILLE FL. | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, INGRID | |
| STREET ADDRESS | 821 N.W. 13TH STREET | |
| CITY-ST-ZIP | GAINESVILLE FL. | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, JOHN | |
| STREET ADDRESS | 2553-1ST AVENUE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL. | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, JOHN | |
| STREET ADDRESS | 2553-1ST AVENUE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL. | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, INGRID | |
| STREET ADDRESS | 5333 SW 75 STR - AA 157 | |
| CITY-ST-ZIP | GAINESVILLE, FL. 32608-7453 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 address, with all other like empowered.

SIGNATURE:

INGRID S WILLIAMS 4-09-04 3523783943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #