

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90330 002 ***150.00

DOCUMENT # F00000003806

1. Entity Name

CAN-JAC ENTERPRISES, INC.



Principal Place of Business

2123 S. CENTER RD.
BURTON MI 48519

Mailing Address

2123 S. CENTER RD.
BURTON MI 48519

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

38-3131166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRUITT, WILLIAM R
15544 SE 160TH AVE
WEIRSDALE FL 32195

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	P	<input type="checkbox"/> Delete
NAME	CANNON, CONNIE	
STREET ADDRESS	2123 S. CENTER RD.	
CITY-ST-ZIP	BURTON MI 48519	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PRUITT, WILLIAM R	
STREET ADDRESS	15544 SE 160TH AVE.	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOHMAN, JODI	
STREET ADDRESS	2123 S. CENTER RD.	
CITY-ST-ZIP	BURTON MI 48519	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FOSTER, DONNA	
STREET ADDRESS	2123 S. CENTER RD.	
CITY-ST-ZIP	BURTON MI 48519	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna Foster Donna S. Foster 2-24-04 810-742-8189