

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003418

1. Entity Name
S&J CURTIS HOLDING CORP.



Principal Place of Business
920 CAPE MARCO DRIVE
#2405
MARCO ISLAND FL 34145

Mailing Address
P.O. BOX 2349
MARCO ISLAND FL 34146



1st MOORE CR2E034 (10/06)

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

4. FEI Number 13-3802299

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

CURTIS, JANE B
970 CAPE MARCO DRIVE
#2405
MARCO ISLAND FL 34145

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

Betty Jane Curtis *Betty Jane Curtis, C.E.O.* *1/22/2007*
Signature of current registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME CURTIS, L. STUART
STREET ADDRESS PO BOX 2349, 970 CAPE MARCO DR #2405
CITY-STATE-ZIP MARCO ISLAND FL 34146 ☐ Delete

TITLE
NAME
STREET ADDRESS 0000000625108
CITY-STATE-ZIP 02/14/07-80062-010 150.00 ☐ Change ☐ Addition

TITLE VST
NAME CURTIS, BETTY JANE
STREET ADDRESS PO BOX 2349, 970 CAPE MARCO DR #2405
CITY-STATE-ZIP MARCO ISLAND FL 34146 ☐ Delete

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

TITLE
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CITY-STATE-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Betty Jane Curtis C.E.O. *Betty Jane Curtis* *1/22/07* *239.394.4548*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #