

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90222 002 ***150.00

DOCUMENT # G52130

1. Entity Name
GLJ ENTERPRISES, INC.



Principal Place of Business

2455 W. INTL. SPAWY BLVD. #402
DAYTONA BEACH, FL 32114

Mailing Address

2455 W. INTL. SPAWY BLVD. #402
DAYTONA BEACH, FL 32114



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2307114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NOTARAS, LITSA
100 SILVER BEACH AVE #816
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOTARAS, JOHN
STREET ADDRESS	5929 PHYLLIS LOU CIR.
CITY - ST - ZIP	PORT ORANGE, FL
TITLE	S
NAME	NOTARAS, LITSA
STREET ADDRESS	100 SILVERBEACH AVE. #816
CITY - ST - ZIP	DAYTONA BCH., FL
TITLE	T
NAME	NOTARAS, GEORGE
STREET ADDRESS	100 SILVERBEACH AVE. #816
CITY - ST - ZIP	DAYTONA BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN NOTARAS

Date

Daytime Phone #

4-23-06 386 846 5903