


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90030 035 \*\*\*150.00

DOCUMENT # H34069					
1. Entity Name S. J. A. CONSULTING, INC.					
Principal Place of Business % JIMMY P. GRIFFIN 3327 RAILROAD ST FT. MYERS, FL 33916			Mailing Address P. O. DRAWER 1490 FT. MYERS, FL 33902-1490 US		
2. Principal Place of Business - No P.O. Box # <b>322 Broadview Dr.</b>		3. Mailing Address <b>P O Box 50728</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Fort Myers, Fl.</b>		City & State <b>Fort Myers, Fl.</b>		4. FEI Number <b>59-2475675</b>	
Zip <b>33905</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33905</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GRIFFIN, JIMMY P. P. O. DRAWER 1490 FT. MYERS, FL 33902			7. Name and Address of New Registered Agent Name <b>Sally P. Griffin</b> Street Address (P.O. Box Number is Not Acceptable) <b>322 Broadview Drive</b>  City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33905-3050</b>		
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 <i>Sally P. Griffin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Sally P. Griffin</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>1/24/07</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, JIMMY P. 3327 RAILROAD ST FT. MYERS, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFIN, SALLY P. 3327 RAILROAD ST FT. MYERS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Sally P. Griffin 322 Broadview Dr Fort Myers, Fl. 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Sec/Treasurer Penni G. Keen 322 Broadview Drive Fort Myers, Fl. 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Sally P. Griffin* Sally P. Griffin 1/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #