## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 12, 2004 8:00 am **DOCUMENT # H98456 Secretary of State** 1. Entity Name 03-12-2004 90007 015 \*\*\*150.00 P J'S OF LAKELAND, INC. Mailing Address Principal Place of Business 4710 NEW TAMPA HWY 4710 NEW TAMPA HWY **04U1733**6 LAKELAND FL 33815 LAKELAND FL 33815 2. Principal Place of Business Mailing Address E<u>ast</u> Suite, Apt. #, etc. CR2E034 (11/03) Çity & State City & State Applied For 59-2683249 AKELAND んAKE Not Applicable \$8.75 Additional 5. Certificate of Status Desired UŚA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name-PING, JERRY 2150 Hwy 92 E. Street Address (P.O. Box Number is Not Acceptable) 4710 NEW TAMPA HWY LAKELAND FL 33801 City 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. VERRY TING (NOTE: Registered Agent signature required when roinstating) SIGNATURE rame of registered agent and title if icable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ☐ Addition PING, JERRY NAME NAME PO BOX 926 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change: Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 atta ment with ar with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER

FILED