

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90357 019 ***150.00

DOCUMENT # J66838

1. Entity Name
QJ, INC.



Principal Place of Business Mailing Address

1066 PALAMA WAY **1066 PALAMA WAY**
C/O JOYCE WATERS, P.O. BOX 4012 **C/O JOYCE WATERS, P.O. BOX 4012**
LANTANA, FL 33462 **LANTANA, FL 33462**

24040482



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04072004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2812574 Not Applicable

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

6. Name and Address of Current Registered Agent

WATERS, JOYCE
1066 PALAMA WAY
LANTANA, FL 33462

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WATERS, JOYCE	
STREET ADDRESS	1066 PALAMA WAY	
CITY-ST-ZIP	LANTANA, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WATERS, EARNEST C	
STREET ADDRESS	1066 PALAMA WAY	
CITY-ST-ZIP	LANTANA, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROENFELDT, GAYLORD B	
STREET ADDRESS	79 VIA DE CASA NORTE	
CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PARADISE, ERICK	
STREET ADDRESS	1304 S ORANGE GROVE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
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		
CITY-ST-ZIP		
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		
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 officers empowered.

SIGNATURE: *E. C. Paradise*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/14/04* Daytime Phone #: *561-3467666*