

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90098 025 ***150.00

DOCUMENT # J66838

1. Entity Name
QJ, INC.



Principal Place of Business

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

Mailing Address

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

50022776



02192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2812574

Applied For

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

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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, 2005 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
NAME	WATERS, JOYCE
STREET ADDRESS	1066 PALAMA WAY
CITY-ST-ZIP	LANTANA, FL
TITLE	PD
NAME	WATERS, EARNEST C
STREET ADDRESS	1066 PALAMA WAY
CITY-ST-ZIP	LANTANA, FL
TITLE	VP
NAME	ROENFELDT, GAYLORD B
STREET ADDRESS	79 VIA DE CASA NORTE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #