

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J79528**

1. Entity Name  
TJM & ASSOCIATES, INC.



Principal Place of Business

5401 S. KIRKMAN RD.  
STE 310

ORLANDO, FL 32819 US

Mailing Address

5401 S. KIRKMAN RD.  
STE 310

ORLANDO, FL 32819 US



07032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2830767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAUREAU, T.J. III  
5256 CORAL COURT  
ORLANDO, FL 32811

**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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000372128  
07/11/05-80018-016 550.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MAUREAU, T.J., III  
STREET ADDRESS 5256 CORAL COURT  
CITY-ST-ZIP ORLANDO, FL

TITLE STDV  
NAME MAUREAU, SUSAN  
STREET ADDRESS 5256 CORAL CT.  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE  
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STREET ADDRESS  
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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 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

7-6-05

Date

407-345-8464

Daytime Phone #