

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J80088

1. Entity Name
M. J., INC.



Principal Place of Business
10138 US HWY 19
PORT RICHEY, FL 34668

Mailing Address
10138 US HWY 19
PORT RICHEY, FL 34668

FILED
Apr 07, 2005 08:00 AM
Secretary of State



03172005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0160772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWARTSEL, MARK E.
10138 US HWY 19
PORT RICHEY, FL 34668

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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 _____ (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 PD
NAME SWARTSEL, MARK E.
STREET ADDRESS 10138 US HWY 19
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE STD
NAME SWARTSEL, E.F.
STREET ADDRESS 4419 GRAND BLVD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE
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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

4/4/05
Date

Daytime Phone #