## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

## **DOCUMENT # K73883**

1. Entity Name

B & J EQUIPMENT REPAIR, INC.



FILED Jan 05, 2007 08:00 AM Secretary of State

Principal Place of Business % BRUCE S. RILEY 2317 BAYVIEW AVENUE PANAMA CITY, FL 32405 Mailing Address

% BRUCE S. RILEY 2317 BAYVIEW AVENUE PANAMA CITY, FL 32405



	01042007	No Chg-P	CR2E034 (1	1/0!	5)
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4. FEI Number Applied For S9-2940957 Not Applicable

5 Certificate of Status Desired S8.75 Additional

5. Certificate of Status Desired

\$8.75 Addition Fee Required

850·763·1774

RILEY, BRUCE S. 2317 BAYVIEW AVENUE PANAMA CITY, FL 32405

**SIGNATURE:** 

## 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: Regis	tered Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS RILEY, BRUCE S. 2317 BAYVIEW AVE. PANAMA CITY, FL 32405						
NAME STREET ADDRESS CITY-ST-ZIP					U00000576862 01/05/07-80003-012 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.							