
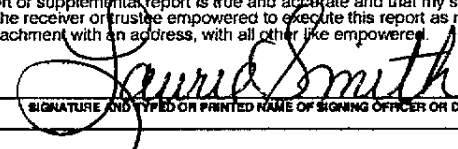


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L20205 1. Entity Name CYJO, INC.		
Principal Place of Business 4901 NORTH U.S. HWY. #1 VERO BEACH, FL 32960		Mailing Address 4901 NORTH U.S. HWY. #1 VERO BEACH, FL 32960
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, JAMES T JR 6460 35TH LANE VERO BEACH, FL 32966		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JAMES T 6460 35TH LANE VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, LAURIE R 6460 35TH LANE VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/7/05 772 770-0507 <small>Date Daytime Phone #</small>



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0145564

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**

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07/11/05-80021-018 150.00