2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # L24377 1. Entity Name				04-29-2005 90285 002 ***150.00	
S & J LIMITED PARTNERS, INC.					
	Mailing Address 366 3511 MASENTA OT NAPLES; FL 34112 t	T TRAFAL	ANDOR, FI. 14011077	r	
PAIN HALDOR, FI 34	683	3468		INTERNATION NOTES AND	
2. Principal Place of Business	3. Mailing Address	10			
Suite, Apt. #, etc. Suite, Apt. #, etc.		gerna C	04252005 Chg-P CF	R2E034 (10/03)	
AS. ADOUS.	City & State	<u> </u>	4. FEI Number	Applied For	
Zip Country	Zip	Country	65-0161096	Not Applicable \$8.75 Additional	
6. Name and Address of Curre	ent Registered Agent		Certificate of Status Desired Name and Address of New Register	Fee Required	
		Name An) +	onio FAAA		
RALPH GARYA HATON 7955 AIRPORT RD 7955	10 FAPA Airport Road N	Street Addr	ess (P.O. Box Number is Not Acceptable) SAIRPORT GOAD N) Suit & 10)	
#1117 SV.14	es, FIA.34109				
DAPI	\wedge			FL Zip Code 3 4/09	
The above named entity a smits this catemen the obligations of register of gent.	the burpose of changing its re	egistered office or reg	gistered agent, or both, in the State of Flerida.	I am familiar with, and accept	
SIGNATURE	Ma	(4/27/05		
Signature, type or writen name of registered an	pent and the if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating) C	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$55	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees		
10. OFFICERS AF	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS		
NAME HAYES, SHIRLEY A. 34.0	7 TRAFALGAL WAY	NAME	3607 TRAFALGAR WK	(
	FI 346 85	STREET ADDRESS CITY-ST-ZIP	Mari 1 1401-101 11-00	34685	
TITLE .	, Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	IIILE	 	☐ Change ☐ Addition	
NAME STREET ADDRESS		name Street address		!	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME Street Adoress			
CITY-ST-ZIP	· 	CITY-ST-ZIP			
TITLE NAME	Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver or trustee er	rt is true and accurate and that my mpowered to execute this report as	he exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe the same legal effect as if made under oath; the or 607, Florida Statutes; and that my name appe	hat I am an officer or director	
changed, or on an attachment with an address	is, with all other like empowered.		11/2-1- 220 22	3 5 6000	
SIGNATURE: SIGNATURE AND TYPES	OR PRINTED NAME OF SIGNING OFFICER OF	A DIRECTOR	4/27/05 23929	Daytime Phone #	