2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # M83642

1. Entity Name
J.A.J. CORPORATION OF BELLINGHAM, INC.

Principal Place of Business	Mailing Address
520 E OLYMPIA AVE PUNTA GORDA, FL 33950	520 E OLYMPIA AVE PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1261485
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARRARD, THOMAS W
520 E OLYMPIA AVE
PUNTA GORDA, FL 33940

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PATURZO, ARTURO G
STREET ADDRESS	10 STONEHEDGE ROAD
CITY-ST-ZIP	BELLINGHAM, MA 02019
TITLE	DV
NAME	BOGIGIAN, JOHN
STREET ADDRESS	220 COURTLAND ST.
CITY-ST-ZIP	HOLLISTON, MA 017461444
TITLE	DST
NAME	ALEXANDER, JOSEPH
STREET ADDRESS	113 FEDERAL ST.
CITY-ST-ZIP	BLACKSTONE, MA 015041390
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000437982
02/28/06-80071-001 150.00

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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 all other like empowered.

SIGNATURE: ARTURO G. PATURZO 2/13/06 508-966-7173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #