

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M83642

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



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

Mailing Address
**520 E OLYMPIA AVE
PUNTA GORDA, FL 33950**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1261485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

000000648838
03/07/07-80025-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 2/21/07 528-866-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #