

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
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



02262008 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 ☐ \$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

U00000858571
04/02/08-80026-017 150.00

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTURO G. PATURZO

3/14/08

Date

508-9667173

Daytime Phone #