## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State 05-02-2005 90452 019 \*\*\*150.00 DOCUMENT # P00000007212 1. Entity Name T.H.J. ENTERPRISES, INC. 40071282 Mailing Address Principal Place of Business 83 S JERRREY STREET PO BOX 640728 BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3620871 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREDERICK, TERRANCE J Street Address (P.O. Box Number is Not Acceptable) 83 S JERRREY STREET BEVERLY HILLS, FL 34465 City Zip Code 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 proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PS FITLE Change Addition TITLE Defete FREDERICKS, TERRANCE J NAME NAME 83 S JERRREY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS, FL 34465 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition HTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

**FILED**