

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000012160

1. Entity Name
F.J.S. EQUITIES, INC.



Principal Place of Business
**24433 HWY 46
SORRENTO, FL 32776**

Mailing Address
**34825 MARSHALL ROAD
EUSTIS, FL 32736**



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3624435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SQUILLANTE, TERRY
34825 MARSHALL ROAD
EUSTIS, FL 32736**

**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, 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
**PVPS
SQUILLANTE, TERRY
34825 MARSHALL RD
EUSTIS, FL 32736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SQUILLANTE, VALERIE J
34825 MARSHALL RD
EUSTIS, FL 32736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SQUILLANTE, TERRY
34825 MARSHALL RD
EUSTIS, FL 32736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000728296
05/07/07-80011-016 158.75

**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 the president, secretary, treasurer, or a 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 appear on the report, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-22-07