

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90058 031 ***150.00

DOCUMENT # P00000021234

1. Entity Name
WJA, INC.



Principal Place of Business
460 BARGELLO AVENUE SE
PALM BAY, FL 32909

Mailing Address
460 BARGELLO AVENUE SE
PALM BAY, FL 32909

2. Principal Place of Business - No P.O. Box #
450 BARGELLO AVE
Suite, Apt. #, etc.

3. Mailing Address
450 BARGELLO AVE
Suite, Apt. #, etc.

City & State
PALM Bay FL
Zip
32909
Country
USA

City & State
PALM Bay FL
Zip
32909
Country
USA

04032007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3628197
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, JEAN ANN
460 BARGELLO AVENUE. S E
PALM BAY, FL 32909

7. Name and Address of New Registered Agent

Name
LOPEZZI, JEAN
Street Address (P.O. Box Number is Not Acceptable)
450 BARGELLO AVE
City
PALM Bay FL Zip Code
32909

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: Jon Lopezzi Jean Ann Lopezzi 4/4/07
Signature, typed or printed name of registered agent, and date 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
CEO
LOPEZ, JEAN ANN
460 BARGELLO AVENUE
PALM BAY, FL 32909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOPEZ, WILLIAM J
460 BARGELLO AVENUE
PALM BAY, FL 32909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LOPEZZI, JEAN ANN
450 BARGELLO AVE
PALM Bay FL 32909 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LOPEZZI, WILLIAM J
450 BARGELLO AVE
PALM Bay FL 32909 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Jon Lopezzi Jean Ann Lopezzi 4/4/07 321-952-5759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #