


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000024383 1. Entity Name VJM, INC.	
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Principal Place of Business 3405 SOUTHEAST 17TH AVENUE CAPE CORAL, FL 33904	Mailing Address 3405 SOUTHEAST 17TH AVENUE CAPE CORAL, FL 33904
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03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0991813	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANNELLA, FRANK 3405 S.E. 17TH AVE CAPE CORAL, FL 33904
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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 _____ DATE _____
Signature, typed or printed name of registered agent and the fee paid (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PTD MANNELLA, FRANK 3405 SOUTHEAST 17TH AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MANNELLA, VALERIE J 3405 SOUTHEAST 17TH AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY ST ZIP	D MANNELLA, TOBY T 3405 S.E. 17TH AVE. CAPE CORAL, FL 33904
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Valerie Mammella VALERIE MANNELLA 3-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year