2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000066738

1. Entity Name

B&J'S QUALITY CRAFTSMANSHIP, INC.



FILED Apr 23, 2007 08:00 AM Secretary of State

							′					
Principal Place of Business 18688 AUTUMN LAKE BLVD. HUDSON FL 34667			PO E	Mailing Address PO BOX 3157 SPRING HILL FL 34611								
2. Principal F	Place of Busin	noss - No P.O. Box #	3. Mai	3. Mailing Address					, == 43		10000	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1st MOORE CR2E034 (10/06)				
City & State				City & State			4. FEI Numi	4. FEI Number 59-3699571 Applied For Not Applicable				
Zip	Zip Country			Z _I p Country			5. Certificati	5. Certificate of Status Desired See Required				
6. Name and Address of Current Registered Agent						I	7 Name on	d Address of New R			-	
	o. Name	and Address Of Curre	iii negistere	au Ageill		Name	7. IVANIE AN	u Address of New H	efizieien wi	Jent		
KNOCHE. JOERG E						Stroot Addross (P.O. Box Number is Not Acceptable)						
18688 AUTUMN LAKE BLVD HUDSON FL 34667							Should be the sh					
•						City			FL	Zip Cod	et	
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 in 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 \$5.00 May Be Trust Fund Contribution. Added to Fees												
Make Check	Payable to	Fiorida Department	of State					I I ust rund com	unoudon. L	D AUG	eu to rees	
10. OFFICERS AND DIRECTORS 11.							ADDITIONS) /CHANGES TO OFFI	ICERS AND I	NECTOR	S (N 11	
TITLE.	DPST	OT ICETIO AI	DUITLOTO				ADDITIONS	TOTAL COLOR				
NAME	KNOCHE,	JOERG		☐ Delete	TITLE NAM				•	Change	☐ Addition	
	TREET ADDRESS 18688 AUTUMN LAKE BLVD.						U00000722180					
CITY-SI-ZIP HUDSON FL 34667					ET ADDRESS - ST- ZIP		05/02/07-80021-010 150.00					
					-							
TITLE NAME				Delete	TITLE				l	Change	Addition	
NAME STREET ADDRESS	•				NAM	ET ADDRESS					ļ	
CITY-SI-ZIP						- SI- ZIP					1	
		•	···				······			7.05====	- Addition	
TITLE NAME				Delele	TIFLE				l	Change	☐ Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	1					ST-ZIF						
TITLE				☐ Delete	TITLE	-				Change	Addition	
NAME				Delete	NAMI				•			
STREET ADDRESS						ET ADDRESS					1	
CITY-ST-ZIP					CITY	SI-ZIP						
TITLE				Delete	IITLE	:			[Change	Addition	
NAME.					NAME				•	•	_	
STREET ADDRESS					STREE	ET ADDRESS						
CITY-SI-ZIP					CITY-	-ST-ZIP						
TITLE				☐ Delete	III				ſ	Change	Addition	
NAME					NAME				•	•	_	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	- S1 - ZIP						
12. I hereby o	certify that th	e information supplied v	vith this filing	does not qualify f	or the ex	emptions contain	ned in Section 11	9, Florida Statutes. I	further certify	that the	information	

12. I nereby certify that the information supplied with this liting does not quality for the exemptions contained in Section 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 early; 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:

DETRICAL TOPES OF PRINTED NAME OF BIOMING OFFICER OR DIRE

04-20-07

727-862-7500