

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000072540

1. Entity Name  
KJS ENTERPRISES, INC.



Principal Place of Business  
855 RICHLAND AVE.  
MERRITT ISLAND, FL 32953

Mailing Address  
855 RICHLAND AVE.  
MERRITT ISLAND, FL 32953

**DO NOT WRITE IN THIS SPACE**



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3661589

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SMITH, KATHLEEN A  
855 RICHLAND AVE.  
MERRITT ISLAND, FL 32953

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SMITH, KATHLEEN A  
STREET ADDRESS 855 RICHLAND AVE.  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE D  
NAME SMITH, JOSEPH N  
STREET ADDRESS 855 RICHLAND AVE.  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

1101100486118  
04/13/06 60025-010 150.00

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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 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: *Kathleen A. Smith* Date: *Mar. 3-28-06* 321-259-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #