2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000095338

1. Entity Name
PJO ENTERPRISES INC.

Principal Place of Business	Mailing Address
6993 66TH ST. NORTH PINELLAS PARK, FL 33781	12020 68TH TERRACE NORTH SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

01102007　　No Chg-P　　CR2E034 (11/05)

4. FEI Number	Applied For
59-3674467	Not Applicable

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

6. Name and Address of Current Registered Agent

OSBORNE, PAMELA J
12020 68TH TER. N.
SEMINOLE, FL 33772

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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_____

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

U00000591618
01/19/07-80030-013　150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	OSBORNE, PAMELA J	
STREET ADDRESS	12020 68TH TER. N.	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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.

PAMELA J OSBORNE
737-547

SIGNATURE: _Pamela J Osborne_

PRESIDENT　1-13-07　3255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #