

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000019017

1. Entity Name
T. J. WISEMEN, INC.



FILED
Jul 07, 2005 08:00 AM
Secretary of State

Principal Place of Business
6600 W. ROGERS CIR.
SUITE 1
BOCA RATON, FL 33487

Mailing Address
PO BOX 810847
BOCA RATON, FL 33481



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1077530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENWALD, STEVEN I ESQ.
6971 N. FEDERAL HIGHWAY
SUITE 105
BOCA RATON, FL 33487

**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

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLACKMAN, JOHN
17375 ST. JAMES CT.
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JAROW, FRED
17915 FOXBOROUGH LN.
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

U00000371176
07/07/05-80006-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature] UP

John Blackman

06/30/05

561-241-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #