

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90103 050 \*\*\*150.00

DOCUMENT # P01000019968

1. Entity Name

KJO, INC.



Principal Place of Business

9029 OLD PINE RD  
BOCA RATON FL 33428

Mailing Address

9029 OLD PINE RD  
BOCA RATON FL 33428



2. Principal Place of Business - No P.O. Box #

KJO, Inc.

3. Mailing Address

KJO, Inc.

Suite, Apt. #, etc.

10109 Cobblestone Creek Dr.

Suite, Apt. #, etc.

10109 Cobblestone Creek Dr.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33437

Country

USA

Zip

33437

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-1096827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANTON, JOANN  
9029 OLD PINE RD  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Joann Anton

Street Address (P.O. Box Number is Not Acceptable)

10109 Cobblestone Creek Dr.

Boynton Beach, FL

City

FL

Zip Code

33437

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

*Joann L. Anton - President* 3/20/07

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME ANTON, JOANN  
STREET ADDRESS 9029 OLD PINE RD  
CITY - ST - ZIP BOCA RATON FL 33428

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Joann L. Anton - President* 3/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

501-444-3130