

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000088182

1. Entity Name
TJ HOLUB, INC.



Principal Place of Business
1257 SOUTHWEST ASTURIA AVENUE
PORT ST. LUCIE, FL 34953

Mailing Address
1257 SOUTHWEST ASTURIA AVENUE
PORT ST. LUCIE, FL 34953



04012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1136945

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLUB, THOMAS J
1257 SOUTHWEST ASTURIA AVENUE
PORT ST. LUCIE, FL 34953

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1111000535191
05/08/06-80043-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOLUB, THOMAS J
STREET ADDRESS 1257 SOUTHWEST ASTURIA AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE ST
NAME HOLUB, JANN C
STREET ADDRESS 1257 SOUTHWEST ASTURIA AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: Thomas J. Holub

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

954-609-9555

Daytime Phone #