

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000118171

1. Entity Name
TJ'S MODULAR ENGINEERING, INC.



Principal Place of Business
11802 DUNNS BRANCH DRIVE WEST
JACKSONVILLE, FL 32218

Mailing Address
11802 DUNNS BRANCH DRIVE WEST
JACKSONVILLE, FL 32218



07252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3761075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WINKLER, JOHN S
2515 OAK STREET
JACKSONVILLE, FL

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME SMITH, TAMMY S
STREET ADDRESS 11802 DUNNS BRANCH DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE VS
NAME SMITH, JOHNATHAN P
STREET ADDRESS 11802 DUNNS BRANCH DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE V
NAME POOLE, JAMES D
STREET ADDRESS 11764 DUNNS BRANCH DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
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000000375289
08/01/05-80012-015 550.00

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-2005 904-757-1787