## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 06, 2007 08:00 Al Secretary of State DOCUMENT # P01000120240 1. Entity Name BJASVC, INC. Principal Place of Business Mailing Address **1511 TARAVAL STREET 2014 4TH STREET** SARASOTA, FL 34237 SAN FRANCISCO, CA 94116 04032007 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 73-1721250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, H. GREG DO NOT WRITE 2014 4TH STREET SARASOTA, FL 34237 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 April 2, 2007 ent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE CONNOLLY, BRIAN P STREET ADDRESS 1511 TARAVAL STREET #205 CITY-ST-ZIP SAN FRANCISCO, CA 94116 U00000692610 04/16/07-80006-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

2. 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: Brian Completed BRIAN CONDUCTOR SIGNATURE AND TYPED OR PROPRED TAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

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