2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000009284

Entity Name
 TEJI ENTERPRISES, INC.



FILED Jul 21, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business

1776 DELAWARE AVENUE NORTHEAST ST. PETERSBURG, FL 33703

Mailing Address

1776 DELAWARE AVENUE NORTHEAST ST. PETERSBURG, FL 33703



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 01-0595081 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WITTSTRUCK, JAMES H 1776 DELAWARE AVENUE NORTHEAST ST. PETERSBURG, FL 33703 DO NOT WRITE IN THIS SPACE

No Chq-P

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 6, 2006 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	P WITTSTRUCK, JAMES H 1776 DELAWARE AVENUE NORTHEAST ST. PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WITTSTRUCK, TERESA S 1776 DELAWARE AVENUE NORTHEAST ST. PETERSBURG, FL 33703	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREFT ADDRESS CITY-SI-ZIP		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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DO NOT WRITE 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

6-28-200

727-526-9402