2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

ANNUAL KEPUKI				-	Secretary of St			
DOCUMENT # P02000009284 1. Entity Name TEJI ENTERPRISES, INC.					5	ceretary	or St	
Principal Place of Business 1776 DELAWARE AVENUE NORTHEAST ST. PETERSBURG, FL 33703 Mailing Address 1776 DELAWARE AVENUE NO ST. PETERSBURG, FL 33703		RTHEAST		() Fe ir a kak een tekk e erk	I BANA BANA NAWA NASA NANA	5111121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DO NOT WRITE IN THIS SPA			CE	01082007 4. FEI Numb 01-059		CR2E034 (11/05	Applied For Not Applicable	
6. Name and Address of Current Registered Agent WITTSTRUCK, JAMES H 1776 DELAWARE AVENUE NORTHEAST ST. PETERSBURG, FL 33703				=	NOT WI			
	named entity submits this statement for thions of registered agent. Signature, typod or printed name of registered agent and		red office or registe		oth, in the State of Flor	rida. I am familiar wit	h, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			· — •	5.00 May Be Ided to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P WITTSTRUCK, JAMES H 1776 DELAWARE AVENUE NORTH ST. PETERSBURG, FL 33703 ST WITTSTRUCK, TERESA S 1776 DELAWARE AVENUE NORTH ST. PETERSBURG, FL 33703	HEAST)00744547)7-80153-01	1 150.00	
C11Y-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-ST-ZIP E ET ADDRESS -ST-ZIP E			DO NOT WRITE IN THIS SPACE				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of 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 attachprey with an address, with an other like impowered.

SIGNATURE;

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001 726-9402