

5/3/2004-91232-016-\$150.00-\$150.00
5/3,

2004 FOR PROFIT CORPORATION ANNUAL REPORT

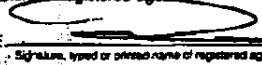
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04 JUL 22 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000016271			
1. Entity Name PAJ MINISTRIES, INC.			
Principal Place of Business 590 RINEHART RD. #3 LAKE MARY, FL 32746		Mailing Address 590 RINEHART RD. #3 LAKE MARY, FL 32746	
2. Principal Place of Business		3. Mailing Address P.O. Box 953503	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKE MARY, FL	
Zip	Country	Zip	Country
32746		32746	
4. FEI Number APPLIED FOR		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, PRESTON 8092 CANYON LAKE CIRCLE ORLANDO, FL 32835		7. Name and Address of New Registered Agent ADAMS, PRESTON 8092 CANYON LAKE CIRCLE ORLANDO, FL 32835	
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.		DATE 4/30/04	
SIGNATURE 		NOTE: Registered Agent Signature required when renewing	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D ADAMS, PRESTON JR. 8092 CANYON LAKE CIRCLE ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PJD ADAMS, PRESTON JR. 8092 CANYON LAKE CIRCLE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 		Date 4/30/04	