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

5/3/

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 22 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016271

1. Entity Name
PAJ MINISTRIES, INC.

Principal Place of Business	Mailing Address
590 RINEHART RD. #3 LAKE MARY, FL 32746	590 RINEHART RD. #3 LAKE MARY, FL 32746

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 955503 Suite, Apt. #, etc.
City & State	City & State LAKE MARY FL.
Zip / Country	Zip 32795 / Country

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	7. Name and Address of New Registered Agent
ADAMS, PRESTON 8092 CANYON LAKE CIRCLE ORLANDO, FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) ~~P.O. Box 955503~~ 590 Rinehart Rd. Suite #3 City LAKE MARY, FL. FL Zip Code 32795-3503

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 _____ DATE 4/30/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D ADAMS, PRESTON JR. 8092 CANYON LAKE CIRCLE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ADAMS, PRESTON 8092 CANYON LAKE Circle ORLANDO, FL. 32835	☒ 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: President PRESTON Adams, Jr. 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #