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Sep 22, 2004 8:00 am
Secretary of State
08-18-2004 90006 031 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000028758

1. Entity Name
ARJAY BUILDING CORPORATION

66433966

Principal Place of Business	Mailing Address
602 HARRISON DRIVE LEHIGH ACRES, FL 33936	602 HARRISON DRIVE LEHIGH ACRES, FL 33936

08042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1111 MAPLE AVE N. Suite, Apt. #, etc.	1111 MAPLE AVE N. Suite, Apt. #, etc.
City & State: LEHIGH ACRES FL	City & State: LEHIGH ACRES FL
Zip: 33972 Country: USE	Zip: 33972 Country: USE

4. FEI Number 20-089-6557 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
DEANE, MICHAEL A SR. 602 HARRISON DRIVE LEHIGH ACRES, FL 33936	Name: DEANE, MICHAEL A. SR Street Address (P.O. Box Number is Not Acceptable): 1111 MAPLE AVE N. City: LEHIGH ACRES FL Zip Code: 33972

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: _____ 9/19/04
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	PD DEANE, MICHAEL A SR. 602 HARRISON DRIVE LEHIGH ACRES, FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JAMIE LYN DEANE 1111 MAPLE AVE. N. LEHIGH ACRES, FL. 33972	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEANE, MICHAEL A JR. 502 LINCOLN AVE N LEHIGH ACRES, FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MICHAEL A. DEANE 1111 MAPLE AVE. N. LEHIGH ACRES, FL. 33972	☒ Change ☐ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEANE, JAYMIE L 502 LINCOLN AVE N LEHIGH ACRES, FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHMIDT, KURT D 14680 WEST HAL CT FORT MYERS, FL 33905	☐ 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
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: _____ 8/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #