

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048093

1. Entity Name
S & J DAILY ENTERPRISE INC.



FILED

07 MAY -1 PM 2: 30

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~1838-B JACIE COURT~~
TALLAHASSEE, FL 32308

Mailing Address
~~1838-B JACIE COURT~~
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
1218 Marys drive
Suite, Apt. #, etc.
N/A

3. Mailing Address
SAME
Suite, Apt. #, etc.
N/A

City & State
Tallahassee
Zip
32308 Country
Leon

City & State
FL
Zip
Country

05012007 Chg-P CR2E034 (12/06)

4. FEI Number
55-0791535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, JEFFERY S
1218 MARYS DRIVE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME CLARK, STACEY
STREET ADDRESS 718 GREENLEAF DR.
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☐ Delete

TITLE P
NAME CLARK, JEFF
STREET ADDRESS 718 GREENLEAF DR.
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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 DIRECTOR

5/1/07

Daytime Phone #