

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000057350**

1. Entity Name  
B.J. SAWYER ENTERPRISES, INC.



Principal Place of Business  
5025 DIXIE LANDING DR  
JACKSONVILLE, FL 32224

Mailing Address  
5025 DIXIE LANDING DR  
JACKSONVILLE, FL 32224



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2862812

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PERSONS, ROBERT B  
2215 SOUTH THIRD STREET STE 101  
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SAWYER, BILLY J  
STREET ADDRESS 5025 DIXIE LANDING DR  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE S  
NAME SAWYER, DANA M  
STREET ADDRESS 5025 DIXIE LANDING DR  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE T  
NAME SAWYER, DANA M  
STREET ADDRESS 5025 DIXIE LANDING DR  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE V  
NAME SAWYER, BILLY JOE II  
STREET ADDRESS 5025 DIXIE LANDING DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000341455  
04/29/05-80018-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-27-05  
Date

904-370-0904  
Daytime Phone #