

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2006 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



05302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2862812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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)

U00000567825

06/30/06-60005-026 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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

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IN THIS SPACE**

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

5-30-06

Date

904-370-0904

Daytime Phone #