

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2007 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**



07092007 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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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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09/14/07-80002-025 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

9-13-07

904-370-0904