

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90205 045 ***150.00

DOCUMENT # P02000061177

1. Entity Name
SJW PROPERTIES, INC.



Principal Place of Business
951 CORTLAND WAY
PALM HARBOR, FL 34683

Mailing Address
951 CORTLAND WAY
PALM HARBOR, FL 34683

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

01-0721819

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITE, STEWART T
951 CORTLAND WAY
PALM HARBOR, FL 34683

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 of current or proposed new registered agent and filer is required.

Signature of Registered Agent is required when a new agent is filed.

(Date)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: WHITE, STEWART T
STREET ADDRESS: 951 CORTLAND WAY
CITY, ST, ZIP: PALM HARBOR, FL 34683

TITLE: D ☐ Delete
NAME: WHITE, JANET E
STREET ADDRESS: 951 CORTLAND WAY
CITY, ST, ZIP: PALM HARBOR, FL 34683

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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: *Stewart T. White* Stewart T. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 727-641-5466

Date

Telephone Number