2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000061402

1. Entity Name
P.J. ENDEAVERS, INC.

Principal Place of Business	Mailing Address
5804 54TH AVE N KENNETH CITY, FL 33709	6420 GOVERNORS DRIVE NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

04052004   No Chg-P   CR2E034 (10/03)

4. FEI Number 01-0740926	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BRATT, JAMES H
6420 GOVERNORS DRIVE
NEW PORT RICHEY, FL 34655

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000111963 04/14/04-80003-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BRATT, JAMES H
STREET ADDRESS	6420 GOVERNORS DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VT
NAME	BRATT, PATRICIA R
STREET ADDRESS	6420 GOVERNORS DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: _Cattie Bratt_   PATTIE BRATT   4-11-04   727-541 6392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #