


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90010 032 ***150.00

DOCUMENT # P02000081299 1. Entity Name SJA, INC.					
Principal Place of Business 2936 MAYFAIR COURT CLEARWATER, FL 33761			Mailing Address 2936 MAYFAIR COURT CLEARWATER, FL 33761		
2. Principal Place of Business 3690 Heartwood Lane Suite, Apt. #, etc.		3. Mailing Address <div style="background-color: black; width: 100%; height: 40px;"></div>			
City & State Malbourne, FL		4. FEI Number 51-0422634			
Zip 32934		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, DOUGLAS 2936 MAYFAIR COURT CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="background-color: black; width: 100%; height: 40px;"></div> <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Douglas Morrison</i></u> 1-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ** DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOREEN, MARGO 2936 MAYFAIR COURT CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="background-color: black; width: 100%; height: 40px;"></div>	
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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: <u><i>Douglas Morrison Douglas Morrison</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-12-04</u> Daytime Phone #: <u>321-242-2329</u>		