2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000092941

1. Entity Name
M. J. MEDICA, INC.

Principal Place of Business	Mailing Address
255 CAPRI CIRCLE NORTH #29 TREASURE ISLAND, FL 33706--446	255 CAPRI CIRCLE NORTH #29 TREASURE ISLAND, FL 33706--446

04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1647704
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEINHEIMER, JACEK M
255 CAPRI CIRCLE NORTH
#29
TREASURE ISLAND, FL 33706--446

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEINHEIMER, JACEK M
STREET ADDRESS	255 CAPRI CIRCLE NORTH #29
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	V
NAME	DRYJSKI, MACIEK
STREET ADDRESS	255 CAPRI CIRCLE NORTH #29
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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04/29/06-80158-015 158.75

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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 #