


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000120696	
1. Entity Name HJ MAJORS ENTERPRISES, INC.	

Principal Place of Business 7818 S. MILITARY TRAIL LAKE WORTH, FL 33463 US	Mailing Address 7818 S MILITARY TRL. LAKE WORTH, FL 33463 US
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DO NOT WRITE IN THIS SPACE



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2086233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DAVID R
8694 VISTA GREENS COURT
LAKE WORTH, FL 33467

**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 _____ DATE _____
(NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	VP/S HERRINGTON, DAVID 1577 BRESEE ROAD WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY ST ZIP	P/T JONES, DAVID R 8694 VISTA GREENS COURT LAKE WORTH, FL 33467
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01/31/05-R0073-005 150.00

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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:  **DAVID HERRINGTON** 1-27-05 561-965-0886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #