

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90237 020 ***150.00

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 TRAIL
LAKE WORTH, FL 33463 US

4003900



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2086233

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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, 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
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

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

**DO NOT WRITE
IN THIS SPACE**

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

David R. Jones 3-20-06 561-827-7047

Date

Daytime Phone #