2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000130119

US

1. Entity Name

T J SITE DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

10025 KINGSWOOD LANE PORT RICHEY, FL 34668

10025 KINGSWOOD LANE PORT RICHEY, FL 34668

US

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90069 047 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1177058 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEBOR, JANET 10025 KINGSWOOD LANE PORT RICHEY, FL 34668

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O The share					
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
EII	E NOW!!! FEE IS \$150.00	9. Election Campaign F	Financing	\$5.00 May Be	
	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribu	tion.	Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	Р	· · · · · · · · · · · · · · · · · · ·			
NAME	SCHEBOR, JANET				
STREET ADDRESS	10025 KINGSWOOD LN				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	VP	,			
NAME	HOOKER, THOMAS A				
STREET ADDRESS	10821 CAND Y LN				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654				
TITLE					
NAME					
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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 contained in Chapter 119, Florida Statutes. I further certify that the information					

12. I nereby certify that the information supplied with this filling 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 required 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

X 4/12/07 × 727-805-2305

Daylung Phone 6