


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90064 048 \*\*\*150.00

DOCUMENT # P02000130119 1. Entity Name T J SITE DEVELOPMENT, INC.	
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Principal Place of Business 10025 KINGSWOOD LANE PORT RICHEY, FL 34668 US	Mailing Address 10025 KINGSWOOD LANE PORT RICHEY, FL 34668 US
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**DO NOT WRITE IN THIS SPACE**



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1177058	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

~~SCHUBERT, JANET~~  
10025 KINGSWOOD LANE  
PORT RICHEY, FL 34668

*HOOVER, THOMAS*  
*10821 CANDY LN*  
*NEW PORT RICHEY, FL*  
*34654*

**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.

*THOMAS HOOVER, PRES.*

SIGNATURE *Thomas Hoover* DATE *4/8/08*

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>SCHUBERT, JANET</del> <del>10025 KINGSWOOD LANE</del> <del>PORT RICHEY, FL 34668</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>THOMAS HOOVER</i> <i>10821 CANDY LN</i> <i>NEW PORT RICHEY, FL 34654</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 *Thomas Hoover* DATE *4/8/08* DAYTIME PHONE # *727-809-2308*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
*THOMAS HOOVER, PRES.*