


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90098 008 ***150.00

DOCUMENT # P03000006610	
1. Entity Name FAJ CORPORATION	

Principal Place of Business 4009 CASEY KEY ROAD NOKOMIS, FL 34275	Mailing Address 4009 CASEY KEY ROAD NOKOMIS, FL 34275
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2. Principal Place of Business 776 Mac Ewen Dr. Suite, Apt. #, etc.	3. Mailing Address 776 Mac Ewen Dr. Suite, Apt. #, etc.
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City & State Osprey, FL Zip 34229	Country Sarasota	City & State Osprey, FL Zip 34229	Country Sarasota
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6. Name and Address of Current Registered Agent JENSEN, FLORENCE A 4009 CASEY KEY ROAD NOKOMIS, FL 34275		7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) 776 Mac Ewen Dr. City Osprey FL Zip Code 34229	
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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 _____
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME JENSEN, FLORENCE A STREET ADDRESS 4009 CASEY KEY ROAD CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE (Same) NAME JENSEN, FLORENCE A STREET ADDRESS 776 Mac Ewen Dr. CITY-ST-ZIP Osprey, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE STD NAME JENSEN, GERALD STREET ADDRESS 4009 CASEY KEY ROAD CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE (Same) NAME JENSEN, GERALD STREET ADDRESS 776 Mac Ewen Dr. CITY-ST-ZIP Osprey, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Florence A. Jensen Florence A. Jensen 4-4-05 941-966-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #