

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 Mailing Address

4009 CASEY KEY ROAD 4009 CASEY KEY ROAD
 NOKOMIS, FL 34275 NOKOMIS, FL 34275

2. Principal Place of Business 3. Mailing Address

776 Mac Ewen Dr. **776 Mac Ewen Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Osprey, FL **Osprey, FL**

Zip Country Zip Country

34229 Sarasota **34229 Sarasota**



04032005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

55-0818726 Not Applicable

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

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**

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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENSEN, FLORENCE A 4009 CASEY KEY ROAD NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 776 Mac Ewen Dr Osprey, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JENSEN, GERALD 4009 CASEY KEY ROAD NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 776 Mac Ewen Dr. Osprey, FL 34229
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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: 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 #