

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 26, 2008 08:00 AM
Secretary of State**

DOCUMENT # P03000006862

1. Entity Name
TJDEE, INC.



Principal Place of Business
9465 MAY GOLD LANE
SPRING HILL, FL 34608 US

Mailing Address
9465 MAY GOLD LANE
SPRING HILL, FL 34608 US



03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0584242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES, THOMAS A
9465 MAY GOLD LANE
SPRING HILL, FL 34608

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME JAMES, DEANNA M
STREET ADDRESS 9465 MAY GOLD LANE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE VP
NAME JAMES, THOMAS A
STREET ADDRESS 9465 MAY GOLD LANE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE TREA
NAME JAMES, THOMAS A
STREET ADDRESS 9465 MAY GOLD LANE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE SEC
NAME JAMES, DEANNA M
STREET ADDRESS 9465 MAY GOLD LANE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000870279
04/09/08-80085-001 150.00

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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: Thomas A. James **THOMAS A. JAMES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-08
Date

352 684 9468
Daytime Phone #