


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

| | | | | | |
|---|----------------------|---------------------------------|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt #, etc | | | Suite, Apt #, etc | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 82-0584242 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 | | | 7. Name and Address of New Registered Agent | | |
| JAMES, THOMAS A 9465 MAY GOLD LANE SPRING HILL FL 34608 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | JAMES, DEANNA M | | NAME | | |
| STREET ADDRESS | 9465 MAY GOLD LANE | | STREET ADDRESS | | |
| CITY ST ZIP | SPRING HILL FL 34608 | | CITY ST ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | JAMES, THOMAS A | | NAME | | |
| STREET ADDRESS | 9465 MAY GOLD LANE | | STREET ADDRESS | | |
| CITY ST ZIP | SPRING HILL FL 34608 | | CITY ST ZIP | | |
| TITLE | TREA | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | JAMES, THOMAS A | | NAME | | |
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| TITLE | SEC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY ST ZIP | | | CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY ST ZIP | | | CITY ST ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Thomas A. James</u> | | | 4-23-07 352-684-9468 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |