

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042755

Entity Name: BAG-A-JAN, INC

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

1115 MADISON AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:**Current Mailing Address:**

1115 MADISON AVE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 20-0004827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUEL, TRUDY V
1115 MADISON AVE
DAYTONA BEACH, FL 32114

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().**OFFICERS AND DIRECTORS:**

Title: PD () Delete
Name: SAMUEL, CHET E
Address: 11735 PINELOCH LOOP
City-St-Zip: CLERMONT, FL 34711

Title: CEO () Delete
Name: SAMUEL, CHET E
Address: 11735 PINELOCH LOOP
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: JENKINS, RUDOLPH A
Address: 11332 SW 18 COURT
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: JENKINS, JAMILLAH R
Address: 1115 MADISON AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD () Delete
Name: SAMUEL, TRUDY V
Address: 1115 MADISON AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: JENKINS, JUANITA C
Address: 1115 MADISON AVE
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUDY V SAMUEL

Electronic Signature of Signing Officer or Director

SD

04/20/2004

Date