

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90046 005 ***150.00

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1. Entity Name
SAJCO, INC.



Principal Place of Business
1440 CORAL RIDGE DRIVE
186
CORAL SPRINGS, FL 33071

Mailing Address
1440 CORAL RIDGE DRIVE
186
CORAL SPRINGS, FL 33071

50016396



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0017403

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDER, SCOTT M
1440 CORAL RIDGE DRIVE
186
CORAL SPRINGS, FL 33071

Name Judy K Sander
Street Address (P.O. Box Number is Not Acceptable)
1615 NW 106 Way
City Coral Springs FL Zip Code 33071

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. ☐

\$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
S.T. Sander
SANDER, JUDY K
326 NW 120 DRIVE
CORAL SPRINGS, FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
1615 NW 106 Way
Coral Springs, FL 33071 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SANDER, SCOTT M
326 NW 120 DRIVE
CORAL SPRINGS, FL 33071 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-05

951-682-0200