
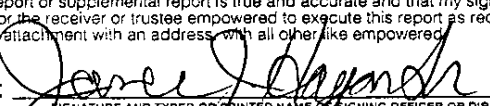


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90086 028 ***150.00

DOCUMENT # P03000069015			
1. Entity Name SKJ CORPORATION		Principal Place of Business PO BOX 185 DUNEDIN, FL 34697-0185	
2. Principal Place of Business - No P.O. Box # 1714 County Road One Suite, Apt. #, etc. Suite 19 City & State Dunedin, FL 34698 Zip Country		3. Mailing Address P.O. Box 1402 Suite, Apt. #, etc. City & State Dunedin, FL 34697-1402 Zip Country	
4. FEI Number 20-0060011		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 HAGAN, JAMES J SR 1429 OVERCASH DRIVE DUNEDIN, FL 34698	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Dunedin 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HAGAN, JAMES J STREET ADDRESS 1429 OVERCASH DRIVE CITY - ST - ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HAGAN, JOAN L STREET ADDRESS 1429 OVERCASH DRIVE CITY - ST - ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 any attachment with an address with all other like empowered.			
SIGNATURE: 		James J. Hagan, Sr. 3/16/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	