

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90004 042 \*\*\*150.00

DOCUMENT # P03000080252

1. Entity Name  
TJ & JZ BOX, INC.



Principal Place of Business  
~~10 EAST CENTRAL BLVD~~  
~~ORLANDO, FL 32801~~

Mailing Address  
~~10 EAST CENTRAL BLVD~~  
~~ORLANDO, FL 32801~~

30066459



2. Principal Place of Business

3949 EVANS AVE

3. Mailing Address

3949 EVANS AVE

Suite, Apt. #, etc.

# 403

Suite, Apt. #, etc.

# 403

08182005

Chg-P

CR2E034 (10/03)

City & State

FT. MYERS FL

City & State

FT MYERS FL

4. FEI Number

20-0320709

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRECO, CARL  
3949 EVANS AVE #403  
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

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

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BOX, EDWARD  
STREET ADDRESS ~~40023 COLONIAL COUNTRY CLUB BLVD~~  
CITY-ST-ZIP ~~FORT MYERS, FL 33903~~

TITLE VP ☐ Delete  
NAME BOX, JANE  
STREET ADDRESS ~~40023 COLONIAL COUNTRY CLUB BLVD~~  
CITY-ST-ZIP ~~FORT MYERS, FL 33903~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 3949 EVANS AVE #403  
STREET ADDRESS FT MYERS FL 33901  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 3949 EVANS AVE #403  
STREET ADDRESS FT MYERS FL 33901  
CITY-ST-ZIP

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

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

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

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

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

EDWARD BOX

Date

Daytime Phone #

9-7-5