

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 030 ***550.00

DOCUMENT # P03000082205

1. Entity Name
S & J MANAGEMENT GROUP, INC.



Principal Place of Business
5115 NW 17TH TERR 39A
FT LAUDERDALE, FL 33309

Mailing Address
5115 NW 17TH TERR 39A
FT LAUDERDALE, FL 33309

50065571

2. Principal Place of Business

11497 COLUMBIA PK DRIVE W.
Suite, Apt. #, etc.
STE #7

3. Mailing Address

11497 COLUMBIA PK DRIVE W.
Suite, Apt. #, etc.
STE #7

07212005 Chg-P CR2E034 (10/03)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32258

Country
USA

Zip
32258

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPAGEORGE, SPYROS
5115 NW 17TH TERR 39A
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
PAPAGEORGE, SPYROS
Street Address (P.O. Box Number is Not Acceptable)
11497 COLUMBIA PK DRIVE W., STE #7
City
JACKSONVILLE FL Zip Code
32258

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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
PAPAGEORGE, SPYROS
STREET ADDRESS
5115 NW 17TH TERR 39A
CITY-ST-ZIP
FT LAUDERDALE, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11497 COLUMBIA PK DRIVE W., STE #7
JACKSONVILLE, FL 32258 ☒ Change ☐ Addition

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

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

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

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

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: SPYROS PAPAGEORGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-05 954 741-6440