

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90016 007 ***150.00

DOCUMENT # P03000099286

1. Entity Name

VLJ ENTERPRISES, INC



Principal Place of Business

130 FOXRIDGE RUN
LONGWOOD FL 32750
US

Mailing Address

130 FOXRIDGE RUN
LONGWOOD FL 32750
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 11-3703086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

JONES, VICTOR L
130 FOXRIDGE RUN
LONGWOOD, FL FL 32750- USA

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

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **P**
NAME: JONES, VICTOR L JR
STREET ADDRESS: 130 FOXRIDGE RUN
CITY - ST - ZIP: LONGWOOD FL 32759 ☒ Delete

TITLE: **SEC**
NAME: JONES, VICTOR L
STREET ADDRESS: 130 FOXRIDGE RUN
CITY - ST - ZIP: LONGWOOD FL 32750 ☐ Delete

TITLE: **President**
NAME: JOHNSON, GRANT E
STREET ADDRESS: 130 FOXRIDGE RUN
CITY - ST - ZIP: LONGWOOD FL 32750 ☐ Delete

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

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

TITLE:
NAME:
STREET ADDRESS:
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor L. Jones Sr. Victor L. Jones Sr. 3-3-07 4072215911

Date

Daytime Phone #