

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90443 045 ***158.75

DOCUMENT # P03000129789											
1. Entity Name SJJR SERVICES, INC.				Principal Place of Business 8504 ALVERON AVENUE ORLANDO, FL 32817							
Mailing Address 8504 ALVERON AVENUE ORLANDO, FL 32817				2. Principal Place of Business 16038 Corner LAKE dr Suite, Apt. #, etc.							
3. Mailing Address 16038 Corner LAKE dr Suite, Apt. #, etc.				4. FEI Number 20-0387040							
City & State Orlando FL		City & State Orlando FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
Zip 32820		Country U.S.		6. Name and Address of Current Registered Agent JOHNSON, SCIPIO 8504 ALVERON AVENUE ORLANDO, FL 32817							
Zip 32820		Country U.S.		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name Scipio Johnson</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) 16038 Corner LAKE dr</td> </tr> <tr> <td style="padding: 5px;">City Orlando</td> <td style="padding: 5px;">Zip Code 32820</td> </tr> </table>		Name Scipio Johnson		Street Address (P.O. Box Number is Not Acceptable) 16038 Corner LAKE dr		City Orlando	Zip Code 32820
Name Scipio Johnson											
Street Address (P.O. Box Number is Not Acceptable) 16038 Corner LAKE dr											
City Orlando	Zip Code 32820										
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: <u>Scipio Johnson</u> 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 P	NAME JOHNSON, SCIPIO		<input type="checkbox"/> Delete	TITLE P	NAME Johnson Scipio						
STREET ADDRESS 8504 ALVERON AVENUE	CITY-ST-ZIP ORLANDO, FL 32817		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 16038 Corner LAKE dr	CITY-ST-ZIP Orlando, FL 32820						
TITLE NAME			TITLE NAME								
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP								
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Scipio Johnson</u> 4-20-04 407-383-1979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											