2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 11, 2004 8:00 am Secretary of State

DOCUMENT # P03000138471 1. Entity Name BJE ASSOCIATES, INCORPORATED				03-11-200	4 90009 038 ***158.75	
Principal Place of Business 669 GULF SHORE BLVD. N. NAPLES, FL 34102		Mailing Address 669 GULF SHORE BLVD. N. NAPLES, FL 34102			54016886	
2. Principal Place of Business 3. Suite, Apt. #, etc.		3. Mailing Address 1329 EAST CAFY ST. Suite. Apt. #. etc.				
1		Suite 206 City & State		03082004 Chg-P	CR2E034 (10/03)	
		RICHMOND, VI	RICHMOND, VA		Not Applicable	
Zip	Country	23219	Country	-5 Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New		
FRANTZEN, ERIC			Name			
669 GULF SHORE BLVD. N. NAPLES, FL 34102			Street Address	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) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	FRANTZEN, ERIC 669 GULF SHORE BLVD. N. NAPLES, FL 34102	□ Dølete i	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANTZEN, ERIC 669 GULF SHORE BLVD. N. NAPLES. FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	MAPLES, I E 34102	Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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12. hereby	certify that the information supplied with t	this filing does not qualify for the	e exemption stated in S	Section 119.07(3)(i), Florida Statute	s. I further certify that the information	

of the corporation 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: