

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90002 001 ***550.00

DOCUMENT # P03000147768



1. Entity Name
EJJE, INC.

Principal Place of Business
612 CEZANNE AVENUE
LUTZ, FL 33558 US

Mailing Address
612 CEZANNE AVENUE
LUTZ, FL 33558 US

34033330



2. Principal Place of Business
6112 Cezanne Avenue
Suite, Apt. #, etc.

3. Mailing Address
6112 Cezanne Avenue
Suite, Apt. #, etc.

03202003 Chg-P CR2E034 (10/03)

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number
58-2677188
Applied For
Not Applicable

Zip
33558
Country
US

Zip
33558
Country
US

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

6. Name and Address of Current Registered Agent
OYAKHILOME, EDWIN E
6112 CEZANNE AVENUE
LUTZ, FL 33558

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]

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature] 5/25/04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OYAKHILOME, EDWIN E
6112 CEZANNE AVENUE
LUTZ, FL 33558 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KIDD-OYAKHILOME, JOANNE
6112 CEZANNE AVENUE
LUTZ, FL 33558 ☐ 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
☐ Change ☐ Addition

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

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CITY-ST-ZIP
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☐ 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: *[Signature]* JOANNE KIDD-OYAKHILOME 5/25/04 (813) 949 9710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #