


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000151786 1. Entity Name ORYJ ENTERPRISES, INC.	
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Principal Place of Business 3928 S SUNCOAST BLVD HOMOSASSA, FL 34448	Mailing Address PO BOX 760 CRYSTAL RIVER, FL 34423
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02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0497778	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LECKRONE, DONNA J 8720 N TROJAN DRIVE CITRUS SPRINGS, FL 34433

**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE

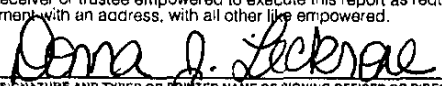
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LECKRONE, RONALD G 8720 N TROJAN DRIVE CITRUS SPRINGS, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LECKRONE, DONNA J 8720 N TROJAN DRIVE CITRUS SPRINGS, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LECKRONE, DONNA J 8720 N TROJAN DRIVE CITRUS SPRINGS, FL 34433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/27/07-80019-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **DONNA J. LECKRONE**
Date: **2/13/07** Daytime Phone #: **352-564-1010**