

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90044 019 \*\*\*150.00

**DOCUMENT # P04000043042**

1. Entity Name  
PJ'S FAMILY CONST., INC.



Principal Place of Business  
1210 FT. PEYTON DR.  
ST. AUGUSTINE, FL 32086

Mailing Address  
1210 FT. PEYTON DR.  
ST. AUGUSTINE, FL 32086

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

03012007

Chg-P

CR2E034 (12/06)

4. FEI Number  
30-1237400

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, PAUL M  
1210 FT. PEYTON DR.  
ST. AUGUSTINE, FL 32086

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**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MCDONALD, JULIA D  
STREET ADDRESS 1210 FT. PEYTON DR.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ~~STEVE~~ V ☐ Change ☒ Addition  
NAME STEVE MCDONALD  
STREET ADDRESS 9949 AMOS ROAD  
CITY-ST-ZIP HASTINGS, FL 32145

TITLE PD ☐ Delete  
NAME MCDONALD, PAUL M  
STREET ADDRESS 1210 FT. PEYTON DR.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE V ☐ Change ☒ Addition  
NAME DARYL MCDONALD  
STREET ADDRESS 4445 FLAGLER ESTATES BLVD.  
CITY-ST-ZIP HASTINGS, FL 32145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME MICHELLE ANDERSON  
STREET ADDRESS 3648 EARL ST.  
CITY-ST-ZIP HASTINGS, FL 32145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: X *Julia D. McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07  
Date

904-797-3467  
Daytime Phone #