

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90018 026 \*\*\*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

1st MOORE

CR2E034 (10/07)

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

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

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, 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, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, JULIA D	
STREET ADDRESS	1210 FT. PEYTON DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, PAUL M	
STREET ADDRESS	1210 FT. PEYTON DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDONALD, STEPHEN P	
STREET ADDRESS	9949 AMOS ROAD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	V	<input type="checkbox"/> Delete
NAME	DARYL, MCDONALD	
STREET ADDRESS	4445 FLAGLER ESTATES BLVD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, MICHELLE	
STREET ADDRESS	3648 EARL ST	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

Julia D. McDonald Julia D. McDonald 02-20-08

904-797-3467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #