2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000062022



FILED Apr 13, 2005 8:00 am Secretary of State

1. Entity Name S S & J INDUSTRIES, INC.								04-13-2005 90062 027 ***150.00				
Principal Place of Business 6144 STATE ROAD 70 EAST BRADENTON, FL 34203				Mailing Address 6144 STATE ROAD 70 EAST BRADENTON, FL 34203								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04012005	Chg-P	CR2E	34 (10/03)	
City & State				City & State				4. FEI Numbe		166		plied For Applicable
Zip	Country			Zip	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
STEVENS, JAMIE MICHELLE 6144 STATE ROAD 70 EAST BRADENTON, FL 34203						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 equistered agent. SIGNATURE Superior typed or printed indree of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE												
After Ma		FEE IS \$150.00 5 Fee will be \$5		9. Election Campa Trust Fund Cont				00 May Be ed to Fees				
TITLE	•	OFFICERS /	NO DIREC	Delete	11. TIEL			ident	CHANGES TO OFF		DIRECTORS Change	S IN: 11 Addition
NAME Street adoress City-St-Zip		•			- 1	ie Eet address '-st-zip			ict. EAS , Fl. 342			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • •						VI A 1734	e-Pres AN W-S 3 344 RASOJA	tevens 1 Ct. EAS 1 FL. 340	+-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			Vice App	e-Presunda Ju unda Ju easofa	ident physon nd 57.74	##S	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition
title Name Street address City-St-Zip				☐ Delete	•						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
12. I hereby of indicated	on this repo	rt or supplemental rep	ort is true :	iling does not qualify for and accurate and that r	r the exe	mption stat	ave the s	same legal effec	t as if made under	oath: that I a	am an officer	or director