




2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90079 005 ***150.00
P04000072756

| | | | | | | |
|---|---|---|---|---|---|--------------------------|
| DOCUMENT # P04000072756 | | | |  | | |
| 1. Entity Name EJ PRO INC | | | | | | |
| Principal Place of Business 144 5TH AVE INDIALANTIC, FL 32903 | | | Mailing Address 144 5TH AVE INDIALANTIC, FL 32903 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| State, Apt. #, etc. | | State, Apt. #, etc. | | | | |
| City & State | | City & State | | 4. FEI Number 20-1095177 | | |
| Zip | | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960 | | | 7. Name and Address of New Registered Agent | | | |
| | | | Name Eyad Smeen | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 144 5th Ave | | | |
| | | | City Indialantic | | FL | Zip Code 32903 |
| | | | 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  Eyad Smeen | | | DATE 7/5/05 | | (NOTE: Registered Agent signature required when re-registering) | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVST SMEEN, MARY 715 PALM DR SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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 807, 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:  Mary Smeen | | | Date 7/5/05 3:27 PM | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | | |

FILED

05 AUG -8 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06172005 Chg-P CR2E034 (10/03)

\$8.75 Additional Fee Required

4. FEI Number
20-1095177

Applied For
Not Applicable

5. Certificate of Status Desired

| | | | | | | |
|--|--|--|---|--|----|--------------------------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960 | | | Name Eyad Smeen | | | |
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Due by September 7, 2005**

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Trust Fund Contribution. **\$5.00 May Be
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SIGNATURE:  **Mary Smeen** Date: **7/5/05 3:27 PM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #