




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P04000072756</b>					
1. Entity Name <b>EJ PRO INC</b>					
Principal Place of Business <b>144 5TH AVE INDIALANTIC, FL 32903</b>			Mailing Address <b>144 5TH AVE INDIALANTIC, FL 32903</b>		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1095177</b>	
Zip		Country		5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>			7. Name and Address of New Registered Agent		
			Name <b>Eyad Smeen</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>144 5th Ave</b>		
			City <b>Indialantic</b>		FL
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 		<b>Eyad Smeen</b>		DATE <b>7/5/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 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: 		<b>Mary Smeen</b>		DATE <b>7/5/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




06172005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1095177** Applied For  
Not Applicable


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

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**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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.

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SIGNATURE:  **Mary Smeen** DATE  
**7/5/05**