

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

03-10-2005 90126 004 ***150.00

DOCUMENT # P04000078087					
1. Entity Name BJTGC INC.					
Principal Place of Business 13930 N. DALE MABRY HWY. SUITE 3 TAMPA, FL 33618			Mailing Address 13930 N. DALE MABRY HWY. SUITE 3 TAMPA, FL 33618		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1272958	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For: ☐ Not Applicable	
6. Name and Address of Current Registered Agent WOLFE, BRIAN D 13930 N. DALE MABRY HWY. SUITE 3 TAMPA, FL 33618			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: <u><i>[Signature]</i></u> DATE: <u>3-7-05</u> (Signature of officer or director of corporation or registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, BRIAN D 13930 N. DALE MABRY HWY. SUITE 3 TAMPA, FL 33618	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3922 Premier North Drive Tampa, FL 33618	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
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 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-over like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> DATE: <u>3-7-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					