FILED Apr 30, 2008 8:00 am Secretary of State

| 2008 | FOR P | ROFIT | CORPO | RATION | | | | |
|---------------|--------------|-------|-------|--------|--|--|--|--|
| ANNUAL REPORT | | | | | | | | |

| 1. Entity Nam S & J EN | DOCUMENT # P04000096929 1. Enlity Name S & J ENTERPRISES OF NAPLES, INC. | | | 6 | 04-30-2008 901 | • | | |
|---|--|---|-------------------------------|--|---|-------------------------|---------------------------|--|
| Principal Place of Business 310 ROBIN HOOD CIRCLE #101 NAPLES, FL 34104 Mailing Address 310 ROBIN HOOD CIRCLE #10 NAPLES, FL 34104 | | | #101 | .: 1 100 01 1 | . ODLIH ETOEL OOMIN OOMIN OOLIN OORINE TEKNI | B 91//9 (B)(B (E9/B (E) | ENI II INCI | |
| | lace of Business - No P.O. Box # O Valiant Or. #, etc. | 3. Mailing Address 8330 Valia Suite, Apt. #, etc. | arit O | 04142008 | Chg-P CR2 | E034 (12/06) | | |
| City & State | es, FL | City & State | FL | 4. FEI Numbi 77-064 | = - | - | plied For t Applicable | |
| Zip 3410 | | | Country | | of Status Desired | \$8.75 Addi | | |
| 6. Name and Address of Current Registered Agent Name | | | | | 7. Name and Address of New Registered Agent ON BUNNOTT | | | |
| BUNNETT, IAN 310 ROBIN HOOD CIRCLE #101 | | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| NAPLES, I | PLES, FL 34104 | | | 3330 Valian+ Dr. | | | | |
| | , | | City | Japies | F | | 104 | |
| the obligat | named entity submits this statement for ions of legistered agent. | the purpose of chanding is re- | gistered office or | registered agent, or bo | th, in the State of Florida. | m familiar with, | and accept | |
| SIGNATURE | Signature your or writted passe of registered agent ar | nd title if applicable. (NOTE: Re | egistered Agent signatu | re required when reinstating) | (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u> </u> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | |
| 10. | OFFICERS AND D | - | 11. | | /CHANGES TO OFFICERS A | | | |
| TITLE NAME | D Delete III NAI | | | O. BUNNETT, | Ian | Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 310 ROBIN HOOD CIRCLE #101 STI NAPLES, FL 34104 CIT | | | 8330 Val | 1an Dr. 34104 | | | |
| TITLE NAME | | | TITLE NAME | D. Anderson | 0 | ☐ Change | Addition | |
| STREET ADDRESS | STRI CITY | | | 6710 Cran | when Eagle | LN. | | |
| TITLE | | ☐ Delete | TITLE | Tradores, | 11 01713 | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS | | | | | |
| TITLE | | ☐ Delete | CITY-ST-ZIP TITLE | | | ☐ Change | Addition | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP TITLE | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | botto | NAME STREET ADDRESS | | | □ Suguig• | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| l indicated | certify that the information supplied with on this report or supplemental report is | true and accurate and the or | Signature shall no | ave the same legal A ffe | ct as if made under cath: the | t Lam an officer | or director | |
| of the corporation or the received of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | |