## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P04000103801 02-12-2008 90019 005 \*\*\*150.00 1. Entity Name S. LAJOIE, INC. Principal Place of Business Mailing Address 400-**5713 BUCHANAN DRIVE 5713 BUCHANAN DRIVE** FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02032008 CR2E034 (12/06) Chg-P 13 Avenue 1021 NE 13 Avenue 1021 NE FEI Number Applied For +.Laud 20-1271465 Not Applicable Zip 33304 Country \$8.75 Additional 33304 5. Certificate of Status Desired $\Box$ USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Lasia, Serge Street Address (P.O. Box Number's Not Acceptable) LAJOIE, SERGE **5713 BUCHANAN DRIVE** FT. PIERCE, FL 34982 1021 NE 13 Avenue City Ft. Lauderdale 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. Serge Lajoie (NOTE: Registered Applicature required when reinstating) 02-06-08 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change LAJOIE, SERGE NAME 1021 NE 13 Avenue **5713 BUCHANON DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FE 34982 CITY-ST-ZIP IIILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attactionent with an address, with all other like empowered.

FILED

Feb 12, 2008 8:00 am