

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90042 028 ***150.00

DOCUMENT # P04000110622

1. Entity Name

NJR ENTERPRISES, INC.



Principal Place of Business

903 SYMPHONY BEACH LANE
APOLLO BEACH FL 33572
US

Mailing Address

903 SYMPHONY BEACH LANE
APOLLO BEACH FL 33572
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 20-1417744

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCCA, JOHN A
903 SYMPHONY BEACH LANE
APOLLO BEACH FL 33572

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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: P
NAME: ROCCA, JOHN A
STREET ADDRESS: 903 SYMPHONY BEACH LANE
CITY: ST ZIP: APOLLO BEACH FL 33572

TITLE: VP
NAME: ROCCA, ANDREA C
STREET ADDRESS: 903 SYMPHONY BEACH LANE
CITY: ST ZIP: APOLLO BEACH FL 33572

TITLE:
NAME:
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NAME:
STREET ADDRESS:
CITY: ST ZIP:

TITLE: TREASURER
NAME: GREIF, NORMAN
STREET ADDRESS: 16 HARBOR HILL Dr.
CITY: ST ZIP: LLOYD HARBOR, N.Y. 11743

TITLE:
NAME:
STREET ADDRESS:
CITY: ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY: ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY: ST ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address with all other like empowered.

SIGNATURE:

John A. Rocca - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/07

813 6451231