

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90004 028 \*\*\*150.00

**DOCUMENT # P04000111555**

1. Entity Name  
ESJ, INC.



Principal Place of Business  
12133 COLONIAL ESTATES LANE  
RIVERVIEW, FL 33569

Mailing Address  
12133 COLONIAL ESTATES LANE  
RIVERVIEW, FL 33569

40022447



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
54-2159974

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SMITH, M. ELAINE  
12133 COLONIAL ESTATES LANE  
RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

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

*M. Elaine Smith*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PDVS  
NAME SMITH, M. ELAINE  
STREET ADDRESS 12133 COLONIAL ESTATES LANE  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE T  
NAME SMITH, M. ELAINE  
STREET ADDRESS 12133 COLONIAL ESTATES LANE  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 attachment with an address, with all other like empowered.

**SIGNATURE:**

*M. Elaine Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/07  
Date

813 2930456  
Daytime Phone #