

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000133057

1. Entity Name
S. J. S. GROUP, INC.



Principal Place of Business
220 HOWELL AVE.
DEFUNIAK SPGS., FL 32433 US

Mailing Address
220 HOWELL AVE.
DEFUNIAK SPGS., FL 32433 US



07212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3797431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, SANDY J
220 HOWELL AVE.
DEFUNIAK SPGS, FL 32433

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BROWN, SANDY J
STREET ADDRESS 220 HOWELL AVE.
CITY- ST- ZIP DEFUNIAK SPGS, FL 32433

TITLE SEC
NAME BROWN, CAROLYN E
STREET ADDRESS 220 HOWELL AVE.
CITY- ST- ZIP DEFUNIAK SPGS, FL 32433

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07/27/07-80005-018 558.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20, 2007 892-9367
Date Daytime Phone #