

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

**FILED
Apr 14, 2008 8:00 am
Secretary of State**

04-14-2008 90044 041 ***158.75

40067784



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3797431	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2008 (850)892-9367

Date

Daytime Phone #