

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90012 016 ***150.00

DOCUMENT # P04000153430

1. Entity Name
B & J REALTY CORP.



Principal Place of Business
**17170 WHITE HAVEN DR
BOCA RATON, FL 33496 US**

Mailing Address
**1900 NW CORPORATE BLVD.
SUITE 900 EAST
BOCA RATON, FL 33431 US**

40046661



2. Principal Place of Business - No P.O. Box #
6900 S. Military Trail

3. Mailing Address
Suite, Apt. #, etc.

01312008 Chg-P CR2E034 (12/06)

City & State
Lake Worth

City & State

4. FEI Number
20-2163196

Applied For
Not Applicable

Zip
33463

Country
Palm Beach

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLIFFORD I. HERTZ, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401**

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, 2008 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
LEGUM, E. WAYNE
1900 NW CORPORATE BLVD. #900 EAST
BOCA RATON, FL 33431** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
LEGUM, E. WAYNE
6900 S. MILITARY TRAIL
LAKE WORTH, FL 33463** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

2/29/08 **(541) 722-0541**
Date Daytime Phone #