


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90052 028 ***150.00

DOCUMENT # P05000030086	
1. Entity Name KAJOR CONSTRUCTION, INC.	

Principal Place of Business 4835 CR 561 CLERMONT, FL 34714	Mailing Address 4835 CR 561 CLERMONT, FL 34714
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2. Principal Place of Business - No P.O. Box # 4935 CR 561	3. Mailing Address 4935 CR 561
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clermont FL	City & State Clermont FL
Zip 34714	Zip 34714
Country USA	Country USA

03162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2412754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERSAUD, RABINDRANAATH 4835 CR 561 CLERMONT, FL 34714	
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7. Name and Address of New Registered Agent Name Persaud, Rabindranauth Street Address (P.O. Box Number is Not Acceptable) 4935 CR 561 City Clermont FL Zip Code 34714	
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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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PERSAUD, RABINDRANAATH 4935 CR 561 CLERMONT, FL 34714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOWTON, JOHN S 4935 CR 561 CLERMONT, FL 34714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	DATE: 5/1/07	DAYTIME PHONE #: 352-836-0297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		