


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90041 016 ***150.00

DOCUMENT # P05000051137			
1. Entity Name LPJ PROPERTIES, INC.			
Principal Place of Business 4091 BURNS ROAD SUITE B-14 PALM BEACH GARDENS FL 33410 <i>2761 VISTA PKWY STE E-12 WEST PALM BEACH FL 33411</i>		Mailing Address 4091 BURNS ROAD SUITE B-14 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business - No P.O. Box # <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME AS ABOVE</i>	
Suite, Apt. #, etc. <i>E-12</i>		Suite, Apt. #, etc. <i>E-12</i>	
City & State <i>WPB FL</i>		City & State <i>WPB FL</i>	
Zip <i>33411</i>	Country <i>USA</i>	Zip <i>33411</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent POTREKOS, JOHN A 4091 ABURNS RD STE B-14 PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name <i>POTREKUS, JOHN A</i> Street Address (P.O. Box Number is Not Acceptable) <i>2761 VISTA PARKWAY</i> <i>SUITE E-12</i> City <i>W. PALM BEACH</i> FL <i>33411</i> Zip Code <i>33411</i>	
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)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTREKUS, JOHN A 4091 BURNS ROAD SUITE B-14 PALM BEACH GARDENS FL 33410 <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	STD LOVOI, RAY 4091 BURNS ROAD SUITE B-14 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Potrekus PRESIDENT

Date

7-19-07 561 262 5011

Daytime Phone #