2007 FOR PROFIT CORPORATION ANNUAL REPORT,

FILED Jun 04, 2007 8:00 am Secretary of State

DOCUMENT # P05000079257 1. Entity Name E J & ASSOCIATES REALTY, INC.					05-04-2007 90080 034 ***150.00					
Principal Place 4066 EVANS SUITE 22 ET AMPPOS E	970	0		99011009						
FT_MYERS, FL 33901 2. Principal Place of Business . No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					1 (841148)	ROLF A STATE OF THE BE	171 BEST I BETT (0)10 15891 0		1	
103					04232007	Chg-P	CR2E034 (12/			
City & State	City & State City & State City & State				4. FEI Numbe 20-293		-	Applied Fo		
Zip 79	13 Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 Fee Res	Additional	\neg	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
JULMEUS	FVANE		Name	Va	1e (Julina	cus			
JULMEUS, EVANEL 3804 12TH ST W				Street Address (P.O. Box Number is Not Acceptable)						
LEHIGH ACRES, FL 33971				140	Huda	11. 100	k / 1/1			
			City	70	IIVaa	ly Cres		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 Lam familiar with, and accept										
the obligations of registered agent.										
SIGNATURE EVage Julmeus/ President 4-04-07										
Springs and the state of applicable of applicable (I/JTE: Registered Agont algorituse required when remetating) DATE										
FILE NOTALL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Faes										
10.	OFFICERS AND		11.	10	ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC		\Box	
TITLE	JULMEUS, EVANEL	☐ Delete	DILE NAME	Ev	anel	Julme	us □cha	nge 🔲 Addi	iition	
STREET ADDRESS	3894-12TH ST W		STREET ADDRESS	124	4 Hudd	4 Creek	: Ln			
CiTY-ST-ZIP	ST LEHICH AGRES, PL 33971		CITY-SI-ZIP	FOU	- Mycc	B, FL	339/3 BCha			
NAME	JULMEUS, YVONNE	☐ Delete	TITLE NAME	51.1	meus	YVonn	~ −	nge 🗌 Accti	auco	
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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 shalf have the same legal effect as if made under cath; 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.										