

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90018 011 ***158.75

DOCUMENT # P05000090057

1. Entity Name

SLJ PROPERTY MANAGEMENT INC



Principal Place of Business

3472 MARSTON DR
ORLANDO FL 32812

Mailing Address

3472 MARSTON DR
ORLANDO FL 32812



2. Principal Place of Business

7562 BEAR CLAW RUN

Suite, Apt. #, etc.

3. Mailing Address

7562 BEAR CLAW RUN

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05) _ _

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

20-3015048

Applied For

Not Applicable

Zip

32825

Country

U.S.A.

Zip

32825

Country

U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, SHERVEY
3472 MARSTON DR.
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name JACKSON, SHERVEY

Street Address (P.O. Box Number is Not Acceptable)

7562 BEAR CLAW RUN

City Orlando

FL

Zip Code

32825

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME JACKSON, SHERVEY L
STREET ADDRESS 3472 MARSTON DR
CITY-ST-ZIP ORLANDO FL 32812 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P President/owner
NAME JACKSON, SHERVEY L
STREET ADDRESS 7562 BEAR CLAW RUN
CITY-ST-ZIP Orlando, FL 32825 ☒ Change ☐ Addition

TITLE VP VP/co-owner
NAME Alford, Jennifer A
STREET ADDRESS 7562 BEAR CLAW RUN
CITY-ST-ZIP Orlando, FL 32825 ☐ Change ☒ Addition

TITLE T
NAME Alford, Jennifer A
STREET ADDRESS 7562 BEAR CLAW RUN
CITY-ST-ZIP Orlando, FL 32825 ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2-15-06

Date

Daytime Phone #

407-929-6630