

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 10, 2006  
Secretary of State**

DOCUMENT# P05000098733

Entity Name: LJS AND COMPANY, INC.

**Current Principal Place of Business:**

426 CROSS STREET  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

426 CROSS STREET  
NORTH FORT MYERS, FL 33903 US

**New Mailing Address:**

FEI Number: 20-3150985      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EIHAUSEN, DERRICK S  
1625 HENDRY STREET  
SUITE 301  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SMITH, LOUIS  
Address: 426 CROSS STREET  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: VPS ( ) Delete  
Name: SMITH, JOSHUA  
Address: 426 CROSS STREET  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR ( ) Change (X) Addition  
Name: SMITH, CLITION R SEC  
Address: 426 CROSS ST.  
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS SMITH

PTD

08/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date