

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90366 016 ***150.00

DOCUMENT # P05000119715

1. Entity Name
EMJAZE PROFESSIONAL SERVICES, INC.



Principal Place of Business
**13168 LEXINGTON SUMMIT STREET
ORLANDO, FL 32828**

Mailing Address
**PO BOX 2443
TITUSVILLE, FL 32781-2443**

100000001



2. Principal Place of Business
4354 S. HOPKINS AVE

3. Mailing Address
↑

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006

Chg-P

CR2E034 (11/05)

City & State
TITUSVILLE, FL

City & State

4. FEI Number

37-1515157

Applied For

Not Applicable

Zip
32780

Country
USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENIGNO, JACK T
13168 LEXINGTON SUMMIT STREET
ORLANDO, FL 32828
13815 DOVE WING CT
ORLANDO, FL 32828
JP**

Name

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

City

FL

Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

4/10/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVT
BENIGNO, JACK T
13168 LEXINGTON SUMMIT STREET
ORLANDO, FL 32828**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVT
BENIGNO, JACK T
4354 S. HOPKINS AVE
TITUSVILLE, FL 32780**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
BREEN, MICHAEL JR
13168 LEXINGTON SUMMIT STREET
ORLANDO, FL 32828**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
BREEN, MICHAEL
4354 S. HOPKINS AVE
TITUSVILLE, FL 32780**

☒ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

DATE

407 758 9844

Daytime Phone #