

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90054 050 ***150.00

DOCUMENT # P05000153623

1. Entity Name

LJG ENTERPRISES, INC.



Principal Place of Business

24270 US 129
O'BRIEN FL 32071
US

Mailing Address

24270 US 129
O'BRIEN FL 32071
US



2. Principal Place of Business - No P.O. Box #

1429 N Ohio Ave

Suite, Apt. #, etc.

3. Mailing Address

1429 N Ohio Ave

Suite, Apt. #, etc.

City & State

Live Oak Fla

Zip

32064

Country

Swanmeer

City & State

Live Oak FL

Zip

32064

Country

Swanmeer

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3817978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVE, GARY
24270 US 129
O'BRIEN FL 32071

7. Name and Address of New Registered Agent

Name GARY Olive
Street Address (P.O. Box Number is Not Acceptable)
1429 N Ohio Ave
City Live Oak FL Zip Code 32064

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	OLIVE, GARY	24270 US 129	O'BRIEN FL 32071	<input type="checkbox"/>
VP, T	OLIVE, LOLLIE	24270 US 129	O'BRIEN FL 32071	<input type="checkbox"/>
S	OLIVE, JESSICA	24270 US 129	O'BRIEN FL 32071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	GARY Olive	1429 N Ohio Ave	Live Oak, FL 32064	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	GARY Olive	1429 N Ohio Ave	Live Oak FL 32064	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	GARY Olive	1429 N Ohio Ave	Live Oak FL 32064	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Gary Olive

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

Date

356-362-1971

Daytime Phone #