

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90077 041 \*\*\*150.00

66004022



1st MOORE CR2E034 (10/06)

**DOCUMENT # P05000165541**

1. Entity Name

N734J COMPANY, INC.



Principal Place of Business  
1918 SE 37TH STREET  
CAPE CORAL FL 33904

Mailing Address  
1918 SE 37TH STREET  
CAPE CORAL FL 33904

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3972452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEWITT, JUNE C  
1918 SE 37TH STREET  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when registering)

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: P  
NAME: HEWITT, JUNE C  
STREET ADDRESS: 1918 SE 37TH STREET  
CITY- ST- ZIP: CAPE CORAL FL 33904 ☐ Delete

TITLE: VP  
NAME: HEWITT, JUNE C  
STREET ADDRESS: 1918 SE 37TH STREET  
CITY- ST- ZIP: CAPE CORAL FL 33904 ☐ Delete

TITLE: SEC  
NAME: HEWITT, JUNE C  
STREET ADDRESS: 1918 SE 37TH STREET  
CITY- ST- ZIP: CAPE CORAL FL 33904 ☐ Delete

TITLE: TR  
NAME: HEWITT, JUNE C  
STREET ADDRESS: 1918 SE 37TH STREET  
CITY- ST- ZIP: CAPE CORAL FL 33904 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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:** JUNE C. HEWITT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07

Date

239-549-7066

Daytime Phone #