2007-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)** 

## DOCUMENT # P06000001032

1. Entity Name

BLJ MARKETING INC												
Principal Place of Business  12387 SW 250 ST PRINCETON FL 33032  PRINCETON FL 33032  Mailing Address P.O.BOX 924534 PRINCETON FL 33039						•		\   				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1s	t MOORE	CR2E03	4 (10/06	)		
City & State	е	City & State					4. FEI Numb	19701			Applied For Not Applicable	
Zip	Co	ountry	Zip	Zip Cour		lry			of Status Desired		\$8.75 Fee Req	Additional uired
	6. Name and	Address of Current	Registered	Agent		i .		7. Name and	d Address of New	Registered	Agent	
SPIEGEL & UTRERA, P.A.						Name						
1840 SW 22ND ST. 4TH FLOOR						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33145						City FL Zip Code						
The above named entity submits this statement for the purpose of changing its registere						<u> </u>	egister	ed agent, or bo	oth, in the State of F		<u> </u>	
the obligat	tions of registered	agent.										
CIONIATURE												
SIGNATURE .	Signature, typed or print	ed name of registered agen	t and tale capplica	able. (NOTE	Registere	a Agent signatura	remoires	when reinstating)		DATE		
	U E NOWILL E	T 10 61 50 00				·						
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 Cam Trust Fund Co	_		55.00 May Be added to Fees
10.		OFFICERS AND		<u> </u>	11.			ADDITIONS	L /CHANGES TO OF	FICERS AN	ID DIRECT	ORS IN 11
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NAME	JOHNSON, BRI	AN L		L. Delete	NAM							go
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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 logal 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 Statutos; 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.

STREET ADDRESS

CITY SI-ZIP

mu NAME

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Defete

JOHNSON

07 786 259-6059

**FILED** 

Feb 19, 2007 8:00 am Secretary of State

02-19-2007 90061 050 \*\*\*150.00

☐ Change

Addition