


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90094 003 \*\*\*150.00

<b>DOCUMENT # P06000036565</b>	
1. Entity Name SPJ INDUSTRIES, INC.	

Principal Place of Business 6465 142ND AVENUE #204 CLEARWATER, FL 33760 US	Mailing Address 6465 142ND AVENUE #204 CLEARWATER, FL 33760 US
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2. Principal Place of Business - No P.O. Box # 12425 70th Street N.	3. Mailing Address 12425 70th Street N.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Largo, FL	City & State Largo, FL
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Zip 33773	Country US
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40105974



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4431941	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JOHNSTON, SCOTT 6465 142ND AVENUE #204 CLEARWATER, FL 33760	
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7. Name and Address of New Registered Agent Name Johnston, Scott Street Address (P.O. Box Number is Not Acceptable) 12425 70th Street N. City Largo, FL Zip Code 33773	
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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: <u>Scott Johnston</u> DATE: <u>5/1/07</u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when resigning)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSTON, SCOTT 6465 142ND AVENUE #204 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Johnston, Scott 12425 70th Street N. Largo, FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Scott Johnston</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>5/1/07</u> <small>Day/Mo/Phone #</small>