

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000051195

1. Entity Name

ELJAY ATHLETIC SERVICES, INC.



Principal Place of Business

1042 ROSETTA DR
DELTONA, FL 32725 US

Mailing Address

1042 ROSETTA DR
DELTONA, FL 32725 US



01282008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-4712973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JULIANO, ELLEN
1042 ROSETTA DR
DELTONA, FL 32725

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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
P,VP
JULIANO, ELLEN
1042 ROSETTA DR
DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S,T
JULIANO, ELLEN
1042 ROSETTA DR
DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000832199
02/27/08-80049-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Ellen Juliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #