

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 033 ***150.00

DOCUMENT # P06000070316

1. Entity Name

BEJO INCORPORATED



Principal Place of Business

32 SE OSCEOLA STREET
SUITE 32B
STUART FL 34994
US

Mailing Address

508 NW SUNFLOWER PLACE
JENSEN BEACH FL 34957
US



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

3. Mailing Address

830 SE Stypmann Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart FL

Zip

Country

Zip

34994

Country

USA

4. FEI Number

20-4908691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPAGNANO, JENNIFER M
508 NW SUNFLOWER PLACE
JENSEN BEACH FL 34957

Name

Jennifer M. Confessore

Street Address (P.O. Box Number is Not Accepted)

830 SE Stypmann Blvd

City

Stuart

FL

Zip Code

34994

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 remaining)

DATE

2/19/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CAMPAGNANO, JENNIFER M
508 NW SUNFLOWER PLACE
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jennifer M. Confessore
830 SE Stypmann Blvd
Stuart FL 34994 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jennifer Confessore 2/19/08 772 219 7423