

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90039 005 ***150.00

DOCUMENT # P06000154131

1. Entity Name
B & J LININGS, INC.



Principal Place of Business
**6581 SLATER PINES DRIVE
NORTH FORT MYERS, FL 33917 US**

Mailing Address
**535 JASMINE AVENUE NW
PORT CHARLOTTE, FL 33952 US**

50002146



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
479 GALLEGOS ST
Suite, Apt. #, etc.

02262008 Chg-P CR2E034 (12/06)

City & State
PUNTA GORDA FL

4. FEI Number
20-8110206

Applied For
☐ Not Applicable

Zip Country
33983 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MONNIER, BRUCE
535 JASMINE AVENUE NW
PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent
Name
MONNIER, BRUCE
Street Address (P.O. Box Number is Not Acceptable)
479 GALLEGOS ST
City
PUNTA GORDA FL Zip Code
33983

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAPPAH, MICHAEL 8102 GRADY DR N FT MYERS, FL 33917 <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	DVST MONNIER, BRUCE 535 JASMINE AVENUE NW PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	479 Gallegos St Punta Gorda, FL 33983 <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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-08 941-915-8694