

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155224

Entity Name: PALIJA, INC.

FILED
Jun 26, 2009
Secretary of State

Current Principal Place of Business:

1535 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211

New Principal Place of Business:

1535 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211 US

Current Mailing Address:

1535 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211

New Mailing Address:

1535 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211 US

FEI Number: 20-8082187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCHER, LISA J
2119 FORDHAM CIRCLE N.
JACKSONVILLE, FL 322179121 US

Name and Address of New Registered Agent:

JONES, CHRISTINE L
4819 WINDRUSH LANE
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: CHRISTINE L. JONES

06/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ARKE, PAMELA J
Address: 1535 UNIVERSITY BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32211

Title: DST (X) Delete
Name: HATCHER, LISA J
Address: 2119 FORDHAM CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32217-912

Title: DP (X) Delete
Name: HAWKINS, RENEE J
Address: 1535 UNIVERSITY BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, CHRISTINE L
Address: 4819 WINDRUSH LANE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE L. JONES

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date