2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State
05-05-2008 90254 036 ***150.00

DOCUMENT # P07000034054

1. Entity Name
OREJOBI & OREJOBI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
12476 COUNTRY DAY CIRCLE FT MYERS, FL 33913 US	12476 COUNTRY DAY CIRCLE FT MYERS, FL 33913 US

66013875

05012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16232 Forest Oaks Dr	16232 FOREST OAKS Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. MYERS FL	City & State: Ft. MYERS FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. FEI Number: 32-0199524 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OREJOBI, JENNIFER
12476 COUNTRY DAY CIRCLE
FT MYERS, FL 33913

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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	P OREJOBI, JENNIFER 12476 COUNTRY DAY CIRCLE FT MYERS, FL 33913	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OREJOBI, SAM 12476 COUNTRY DAY CIRCLE FT MYERS, FL 33913	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: JENNIFER OREJOBI 5/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #