

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90062 048 ***150.00

DOCUMENT # P07000057182

1. Entity Name
4 J CONSERVATION CENTER, INC.



Principal Place of Business
**38316 MICKLER ROAD
DADE CITY, FL 33523 US**

Mailing Address
**38316 MICKLER ROAD
DADE CITY, FL 33523 US**

40001627



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number
74-2796920

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHATFIELD, JOHN A
38316 MICKLER ROAD
DADE CITY, FL 33523**

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 | P | <input type="checkbox"/> Delete |
| NAME | CHATFIELD, JOHN A | |
| STREET ADDRESS | 38316 MICKLER ROAD | |
| CITY-ST-ZIP | DADE CITY, FL 33523 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CHATFIELD, JENIFER A | |
| STREET ADDRESS | 38316 MICKLER ROAD | |
| CITY-ST-ZIP | DADE CITY, FL 33523 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CHATFIELD, JERILYN Y | |
| STREET ADDRESS | 38316 MICKLER ROAD | |
| CITY-ST-ZIP | DADE CITY, FL 33523 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CHATFIELD, JASON B | |
| STREET ADDRESS | 1385 NW PINE CREEK | |
| CITY-ST-ZIP | ARCADIA, FL 34269 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

John A. Chatfield

JOHN A. CHATFIELD

1-870K

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