2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/25/2008-90002-006-$558.75-$558.75

DOCUMENT # P07000058426

1. Entity Name
LJM CONSULTING & ASSOCIATES OF CENTRAL FLORIDA, INC.

FILED
08 SEP 19 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
30 NOTTINGHAM WAY HAINES CITY, FL 33844	30 NOTTINGHAM WAY HAINES CITY, FL 33844

05142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
above Address		30 Nottingham Way	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: Haines City		City & State: FL	
Zip: 33844	County: Polk	Zip: 33844	County: POLK

4. FEI Number: 26-0266049 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEWS, DONALD H
30 NOTTINGHAM WAY
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent

Name: Donald H. Matthews
Street Address (P.O. Box Number is Not Acceptable): 30 Nottingham Way
City: Haines City FL Zip Code: 33844

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: Donald H. Matthews [signature] 8-21-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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	PRES MATTHEWS, DONALD H 30 NOTTINGHAM WAY HAINES CITY, FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTHEWS, LINDA 30 NOTTINGHAM WAY HAINES CITY, FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 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] 9-10-2008 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #