

FILED
Mar 04, 2008 8:00 am
Secretary of State

01-15-2008 90031 009 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/

DOCUMENT # P07000109915			
1. Entity Name EJ SPORTS INC.			
Principal Place of Business 804 N 75TH AVE PENSACOLA, FL 32506		Mailing Address 804 N 75TH AVE PENSACOLA, FL 32506	
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
4. FEI Number 26-1218557		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FATU, EDWARD 804 N 75TH AVE PENSACOLA, FL 32506		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 acknowledge the obligations of registered agent.			
SIGNATURE _____ Signature required for registered agent. If not agent, then owner or officer.			
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 10	
NAME FATU, EDWARD STREET ADDRESS 804 N 75TH AVE CITY-STATE-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
NAME FATU, EDWARD STREET ADDRESS 804 N 75TH AVE CITY-STATE-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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NAME FATU, EDWARD STREET ADDRESS 804 N 75TH AVE CITY-STATE-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 a mark 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 no name appearing in (Block 10 or Block 11) is changed, or on purpose omitted with an address, with all other like empowered.			
SIGNATURE: 		01.08.08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	