


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90097 014 \*\*\*150.00

DOCUMENT # P07110			
1. Entity Name E J P INDUSTRIES, INC.			
Principal Place of Business <del>4630 N UNIVERSITY DR</del> PO BOX 8821 CORAL SPRINGS FL 33075 US		Mailing Address P.O. BOX 8821 CORAL SPRINGS FL 33075-8821 US	
2. Principal Place of Business - No P.O. Box # 2825 NW 91st Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  PRONGER, D E <del>4630 N UNIVERSITY DR</del> <del>P.O. BOX 8821</del> CORAL SPRINGS FL 33075		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2825 NW 91st Ave PO Box 8821 City CORAL SPRINGS FL Zip Code 33075	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		PAID CK NO 42887 DATE 4-26-07 for \$150.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTDS PRONGER, E.J. <del>4630 N UNIVERSITY DR P.O. BOX 8821</del> CORAL SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2825 NW 91st Ave. PO Box 8821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS PRONGER, D.E. <del>4630 N UNIVERSITY DR P.O. BOX 8821</del> CORAL SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2825 NW 91st Ave PO Box 8821
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #