2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P41026

1. Entity Name
G.J.O. INC.

Principal Place of Business	Mailing Address
506 CROOKED PINE CT	506 CROOKED PINE CT
LARGO, FL 33770 US	LARGO, FL 33770 US

DO NOT WRITE IN THIS SPACE

01222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
37-1175438	Not Applicable

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

6. Name and Address of Current Registered Agent

OPIELA, GERALD J.
506 CROOKED PINE CT
LARGO, FL 33770

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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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000204336 01/29/05-80069-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	CP
NAME	OPIELA, GERALD J.
STREET ADDRESS	506 CROOKED PINE CT
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X_____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   1/26/05   727 584 5113

Date   Daytime Phone #