

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000024199

1. Entity Name

MJ PROPERTY MANAGEMENT, INC.



Principal Place of Business

1302 W SLIGH AVENUE, STE C
ATTN: MICHAEL D. WARD
TAMPA, FL 33604

Mailing Address

1302 W SLIGH AVENUE, STE C
ATTN: MICHAEL D. WARD
TAMPA, FL 33604



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3179874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, MICHAEL D
1302 W SLIGH AVENUE
SUITE C
TAMPA, FL 33604

DO NOT WRITE
IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

000000586572
01/16/07-80058-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, MICHAEL D. 1302 W SLIGH AVE STE C TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:

Michael D. Ward MICHAEL D. WARD, PRES.

1/12/07

813-971-2827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #