


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90257 033 \*\*\*150.00


DOCUMENT # P94000072414		
1. Entity Name P.J. & SONS, INC.		

Principal Place of Business 2607 NE 9TH AVE CAPE CORAL, FL 33909	Mailing Address 2607 NE 9TH AVE CAPE CORAL, FL 33909
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2. Principal Place of Business 12721 Palmetto Pines Drive Suite, Apt. #, etc.	3. Mailing Address 12721 Palmetto Pines Drive Suite, Apt. #, etc.
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City & State Cape Coral, FL	City & State Cape Coral, FL	4. FEI Number 65-0528223	Applied For <input type="checkbox"/> Not Applicable
Zip 33909	Country US	Zip 33909	Country US

24053018



04132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <i>Hopson</i> HOBSON, KURT 1801 SE 14 TERRACE CAPE CORAL, FL 33990 <i>Change spelling Hobson to Hopson</i>		7. Name and Address of New Registered Agent Name Kurt Hopson Street Address (P.O. Box Number is Not Acceptable) 12721 Palmetto Pines Drive City Cape Coral FL Zip Code 33909	
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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 <i>Kurt Hopson</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-20-04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOPSON, TAMMIE 1807 SE 14TH TERRACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Tammie Hopson 12721 Palmetto Pines Drive Cape Coral, FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOPSON, KURT W 1207 SE 14TH TERRACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Kurt Hopson 12721 Palmetto Pines Drive Cape Coral, FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sharon Hopson 111 E. North Shore Drive North Fort Myers, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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 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: <i>Tammie L. Hopson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-20-04 Daytime Phone # 772-7991