


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # P94000082962 1. Entity Name LJ MANAGEMENT GROUP, INC.	
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Principal Place of Business 4735 PALM BEACH BLVD FORT MYERS, FL 339058	Mailing Address PO BOX 3530 NORTH FORT MYERS, FL 33918 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0535103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RYAN, MICHAEL P.
13768 OX BOW ROAD
FORT MYERS, FL 33905

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000657262 03/14/07-80061-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, LYDIA A 17586 PLUMENA LN NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, JOHN E 17586 PLUMERA LN NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANTABENE, MARLEEN 17736 DRACINA CIRCLE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTABENE, ANTHONY D 17736 DRACINA CIRCLE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Anthony D. Cantabene Anthony D. Cantabene 3/2/07 239-437-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #