2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000083368

1. Entity Name
PAJO, INC.

Principal Place of Business	Mailing Address
226 PALMACEA ROAD FT MYERS, FL 33905	1937 GRACE AVE FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

03172007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0548707	Not Applicable

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

6. Name and Address of Current Registered Agent

NICKS, PAULA R
226 PALMACEA ROAD
FT MYERS, FL 33905

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NICKS, PAULA R
STREET ADDRESS	226 PALMACEA ROAD
CITY-ST ZIP	FT MYERS, FL 33905
TITLE	STD
NAME	WYATT, JOHANNA P
STREET ADDRESS	RTT 1 BOX 31
CITY-ST-ZIP	INTERLACHEN, FL
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 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: _Paula R Nicks_   3/25/07   239-694-3627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #