

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90233 015 \*\*\*150.00

**DOCUMENT # P95000089704**

1. Entity Name

S&J ENTERPRISES OF ORLANDO, INC.



Principal Place of Business

1206 N CR 427  
LONGWOOD, FL 32750-3018 US

Mailing Address

1206 N CR 427  
LONGWOOD, FL 32750-3018 US

2. Principal Place of Business

37 Skyline Drive  
Suite, Apt. #, etc.  
Ste. 1101

3. Mailing Address

37 Skyline Drive  
Suite, Apt. #, etc.  
Ste 1101



04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3360060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGRODER, PATRICK J  
1206 N CR 427  
LONGWOOD, FL 32750-3018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

37 Skyline Drive Ste 1101

City

Lake Mary

FL

Zip Code

32746

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MCGRODER, PATRICK J  
STREET ADDRESS 1206 N CR 427  
CITY-ST-ZIP LONGWOOD, FL 327503018

TITLE D ☐ Delete  
NAME MCGRODER, CHRISTINE A  
STREET ADDRESS 1206 N CR 427  
CITY-ST-ZIP LONGWOOD, FL 327503018

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 37 Skyline Drive Ste 1101  
CITY-ST-ZIP Lake Mary FL 32746

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 37 Skyline Drive Ste 1101  
CITY-ST-ZIP Lake Mary FL 32746

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Patrick J. McGroder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

407-936-0380

Daytime Phone #