## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## 04 MAR 12 AM 7:45 **DOCUMENT # P95000092341** 1. Entity Name CEJAY ENGINEERING, INC. 1 SECTION OF STATE Principal Place of Business Mailing Address 25080 GOLDCREST DR P.O. BOX 367986 BONITA SPRINGS, FL 34136 BONITA SPRINGS, FL 34134 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-0628429 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYNES, DEREK Street Address (P.O. Box Number is Not Acceptable) 25080 GOLDCREST DR BONITA SPRINGS, FL 34134 Zip Code FL 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 \$5.00 May 8000030508870 9. Election Campaign Financing Amended AR is \$61.25 Added to Fee9/16/04--01037--016 \*\*183.75 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PDST** X Change ☐ Detete TITLE PTD Addition TITLE NAME HAYNES, DEREK NAME Háynes, Derek PO BOX 367989 STREET ADDRESS STREET ADDRESS P.O. Box 367989 BONITA SPRINGS, FL 34136 CITY-ST-ZIP CITY-S1-ZIP Bonita Springs, FL ☐ Delete Addition TITLE TITLE V P S NAME NAME STREET ADDRESS Jenkins, Stuart STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP P.O. Box 367989 ☐ Delete TITLE Bonita Springs, FL 3 4 🗓 Bhosge Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 yustee 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 attachmen an address, with all other like empowered. the sclant SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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