

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90191 012 ***150.00

DOCUMENT # P96000013976

1. Entity Name
TJ INVESTORS, INC.



Principal Place of Business
**548-48TH ST. CT. E.
BRADENTON, FL 34208**

Mailing Address
**P.O BOX 449
ELLENTON, FL 34222**

50036539



2. Principal Place of Business
5215 SR 64 East

3. Mailing Address
Suite, Apt. #, etc.

04012005 Chg-P CR2E034 (10/03)

City & State
Bradenton, FL

City & State
City & State

4. FEI Number
65-0642432

Applied For
Not Applicable

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

Zip
34208

Country
USA

Zip
Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, THOMAS B
502 48TH COURT EAST
BRADENTON, FL 34208**

Name
Thomas B. Brown

Street Address (P.O. Box Number is Not Acceptable)
32 Tidy Island Blvd.

City
Bradenton

FL Zip Code
34210

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 *Thomas B. Brown* **THOMAS B. BROWN** **4/5/05**
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, THOMAS B 548-48TH ST. CT. E. BRADENTON, FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas B. Brown 32 Tidy Island Blvd Bradenton, FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *Thomas B. Brown* **Thomas B. Brown 4/5/05 941-741-2500**
Signature and typed or printed name of signing officer or director Date Daytime Phone #