

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000034367					
1. Entity Name KBJ ENTERPRISE, INC.					
Principal Place of Business 5423 NO. STATE ROAD SEVEN TAMARAC FL 33319		Mailing Address 5423 NO. STATE ROAD SEVEN TAMARAC FL 33319			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0660467	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODGERS, KENNETH S 5423 NO. STATE ROAD SEVEN TAMARAC FL 33319				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 agree to the obligations of registered agent					
SIGNATURE _____ Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May t Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Add
NAME	RODGERS, KENNETH B			NAME	
STREET ADDRESS	8052 NW 72ND STREET			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33321			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Add
NAME	DAVIS, BRADLEY P			NAME	
STREET ADDRESS	431 S. HIATUS ROAD			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Add
NAME	DAVIS, VIRGINIA J			NAME	
STREET ADDRESS	431 S. HIATUS ROAD			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
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 exemptions contained in Section 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: *Bradley P. Davis* **BRADLEY P. DAVIS**
Treasurer **Treasurer** **2/3/06** **954-485-5405**