## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000094003

3300 PACETTI RD. LOT J

SAINT AUGUSTINE, FL 32092

Address:

City-St-Zip:

FILED May 01, 2007 Secretary of State

Entity Name: THE FOUR J GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 4216 5050 R SCAFF RD ST. AUGUSTINE, FL 32085 ST AUGUSTINE, FL 32092 **Current Mailing Address: New Mailing Address:** P.O. BOX 4216 P.O. BOX 312 ST. AUGUSTINE, FL 32085 ELKTON, FL 32033 FEI Number: 59-3409973 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAGAN, TIM 5050 R. SCAFF ROAD SAINT AUGUSTINE, FL 32092 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change ( ) Addition SACKS, LAWRENCE SACKS, LAWRENCE Name: Name: 3300 PACETTI RD. LOT J P.O. BOX 312 Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ELKTON, FL 32033 Title: Title: () Delete () Change () Addition Name: HAGAN, TIM Name: 5050 R SCAFF RD Address: Address: ST. AUGUSTINE, FL 32092 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition SACKS, LAWRENCE Name: SACKS, LAWRENCE Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

P.O. BOX 312

ELKTON, FL 32033

SIGNATURE: TIM HAGAN PRES 05/01/2007