2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# P96000094003

Entity Name: THE FOUR J GROUP, INC.

Current Principal Place of Business:

5050 R SCAFF RD
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 312
ELKTON, FL 32033

New Mailing Address:

FEI Number: 59-3409973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGAN, TIM
5050 R. SCAFF ROAD
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SACKS, LAWRENCE
Address: P.O. BOX 312
City-St-Zip: ELKTON, FL 32033

Title: P ( ) Delete
Name: HAGAN, TIM
Address: 5050 R SCAFF RD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S ( ) Delete
Name: SACKS, LAWRENCE
Address: P.O. BOX 312
City-St-Zip: ELKTON, FL 32033

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HAGAN, TIM
Address: 5050 R SCAFF RD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: SACKS, LAWRENCE
Address: P.O. BOX 312
City-St-Zip: ELKTON, FL 32033

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.

SIGNATURE: LAWRENCE SACKS P 04/04/2008

Electronic Signature of Signing Officer or Director — Date