

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90069 007 ***150.00

DOCUMENT # P97000006396 1. Entity Name SEKAJIPO & CO., INC.			
Principal Place of Business 9304 N. 56 ST STE 3 TAMPA, FL 36617		Mailing Address 9304 N. 56 ST STE 3 TAMPA, FL 36617	
2. Principal Place of Business 7402 N 56th St Suite, Apt. #, etc. SUITE 880 City & State TAMPA FL Zip 33617		3. Mailing Address 7402 N 56th St Suite, Apt. #, etc. SUITE 880 City & State TAMPA FL Zip 33617	
4. FEI Number 59-3419959		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEKAJIPO, LAWRENCE D 526 TUSCANNY PARK LOOP BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SEKAJIPO, LAWRENCE D STREET ADDRESS 10917 HYACINTH AVE CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date 1/10/2006	Daytime Phone 813 989 3100