2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P97000026014 1. Entity Name PPJ ENTERPRISE INC								FILED Feb 02, 2004 08:00 AM Secretary of State				
Principal Place	e of Business		Mailin	g Address			1			-		
1691 BAEBURN PLACE 1691 BAEBURN PLACE WELLINGTON FL 33414 WELLINGTON FL 33414								1 ZMW7/MW7 11 W 12000 199411 444111	Mikees mull Mullur courts	t 2 000 2202 (19 00 20 0	7 71 1 11 1835	
2. Principal Pl.	ace of Busin	ess	3. Mail	3. Making Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				MOORE	CR2E034	(11/03)		
City & State				City & State			4. FE	El Number 65-07443	340	No	plied For LApplicable	
Zip	Country		Zic	Zip		itry	5. Ca	ertificate of Status Desire	d 🗷	\$8.75 Add Fee Required	itional	
6. Name and Address of Current R				Registered Agent Na			7. Name and Address of New Registered Agent					
PRESTON, PETER 1691 BRAEBURN PLACE WELLINGTON FL 33414					Street Address (P.O. Box Number is Not Acceptable)							
								······································	·	1 7'- C- 1		
A 72		7.				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 accept the obligations of registered agent.												
SIGNATURE Signature Types or protest name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating).												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaigr Trust Fund Contrib	~ ,		0 May Be to Fees	
10,			ND DIRECTO	RS	11.		ADD	OTTONS/CHANGES TO	OFFICERS AN	DIRECTORS	SIN 11	
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NAME				FT DEIGE	NAM	ŝ				CT evigurate		
STREET ADDRESS CITY+ST-ZIP				1		EET ADDRESS 1-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not a fallify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 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 thistee 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.												
SIGNAT	URE: _	MANA	V V	U Lame								

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Daytimo Phone #