

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 025 ***150.00

DOCUMENT # **PA97000046480**

1. Entity Name

B & J PARTNERSHIP, INC.



Principal Place of Business

**726 CENTRAL FLORIDA PKWY
ORLANDO FL 32824
US**

Mailing Address

**726 CENTRAL FLORIDA PKWY
ORLANDO FL 32824
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-345569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMSON, WILLIAM G
260 FOWLER BLVD.
KISSIMMEE FL 34744**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------------------|--|---------------------------------|
| TITLE NAME | PD JUDGE, BRYAN W. | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 251 FOWLER BLVD. KISSIMMEE FL 34744 | |
| TITLE NAME | VD ADAMSON, WILLIAM G | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 260 FOWLER BLVD KISSIMMEE FL 34744 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | | |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G ADAMSON 4/1/07 (407) 888-9099

Date

Justifying Phone #