**FILED**
**Mar 04, 2005 8:00 am**
**Secretary of State**
03-04-2005 90095 045 ***150.00

50022605

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000066165

1. Entity Name
LAJ CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 340 S PALM AVE<br>83<br>SARASOTA, FL 34236 | 340 S PALM AVE<br>83<br>SARASOTA, FL 34236 |

**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0774542
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAJOIE, ROBERT E
340 S PALM AVE APT 83
SARASOTA, FL 34236-6796

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | LAJOIE, ROBERT E. |
| STREET ADDRESS | 340 S PALM AVE #83 |
| CITY-ST-ZIP | SARASOTA, FL 34236 |
| TITLE | S |
| NAME | LAJOIE, IRIS R. |
| STREET ADDRESS | 340 S PALM AVE #83 |
| CITY-ST-ZIP | SARASOTA, FL 34236 |
| TITLE | VP LAJOIE |
| NAME | ~~LANCASTER~~, KATHRYN B. |
| STREET ADDRESS | ~~340 S PALM AVE #83~~ 7690 BRIARSTONE LN. |
| CITY-ST-ZIP | ~~SARASOTA, FL 34236~~ INDIAN APOLIS IN 43227 |
| TITLE | VP |
| NAME | LAJOIE, ROBERT E III |
| STREET ADDRESS | 880 SNOW DRIFT CT |
| CITY-ST-ZIP | COMMERCE LAKE, MI 48390 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ Robert E. LaJoie 1-24-05 1-(941)365-2691
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #