


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90372 002 \*\*\*150.00

DOCUMENT # P97000066165 1. Entity Name LAJ CO.	
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Principal Place of Business 340 S PALM AVE 83 SARASOTA, FL 34236	Mailing Address 340 S PALM AVE 83 SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**

60030299



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0774542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	<b>DO NOT WRITE IN THIS SPACE</b>
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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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAJOIE, ROBERT E. 340 S PALM AVE #83 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAJOIE, IRIS R. 340 S PALM AVE #83 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAJOIE, KATHRYN B 7690 BRIARSTONE LN. COLUMBUS, OH 43227 <b>46227 INDIANAPOLIS IN</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAJOIE, ROBERT E. II 880 SNOW DRIFT CT 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 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: <u>Robert E. Lajoie</u> <b>ROBERT E. LAJOIE</b>	Date <u>4-5-06</u>	Daytime Phone # <u>941-365-2491</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>