2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P9700083016 1. Entity Name LWJ CORPORATION					Secretary of St		
Principal Place 411 S. WALN STARKE, FL	NUT ST	Aailing Address P.O. BOX 1223 STARKE, FL 32091	1		1	: 10/61 1#11 66/15 #8/6 4//68/1 #1/10/	
DO NOT WRITE IN THIS SPA			CE	04162007 4. FEI Numb 59-347	04162007 No Chg-P CR2E034 (11/05) 4. FEI Number		
	RGIA ST	IN ⁻	NOT WRI	CE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				quired when reinstating) \$5.00 May Be		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution.	<u> </u>	Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE D JOHNS, LINDA W 514 WEST WELDON STREET STARKE, FL 32091	CIORS			U000007 05/25/07-8	760809 30029-024 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WR		

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 orthostee 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 propered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIREC

4-13-07

Daytime Phone #