


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000096815 1. Entity Name BJS PROPERTIES, INC.	
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Principal Place of Business 203 SOUTH 29TH STREET FT PIERCE, FL 34947	Mailing Address 203 SOUTH 29TH STREET FT PIERCE, FL 34947
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0803175	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

**DO NOT WRITE
IN THIS SPACE**

SLAY, BETTY J
203 SOUTH 29TH STREET
FT PIERCE, FL 34947

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SLAY, ROBERT L 203 SOUTH 29TH STREET FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT WILLIAMS, SANDRA A 9495 GERMANY CANAL RD PORT ST LUCIE, FL 34988
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SHAW, JULIE A 990 N KINGS HIGHWAY FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, DEBORAH S 221 GARDEN AVENUE FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLAY, BETTY 303 S 29TH STREET FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLAY, RICHARD S 4313 BRIARCREST DRIVE OKLAHOMA CITY, OK 73071

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02/09/04-80084-005 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2004 772-370-6527
Date Daytime Phone #