


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90029 012 ***150.00

DOCUMENT # P97000096815 1. Entity Name BJS PROPERTIES, INC.					
Principal Place of Business 203 SOUTH 29TH STREET FT PIERCE, FL 34947			Mailing Address 203 SOUTH 29TH STREET FT PIERCE, FL 34947		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0803175	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLAY, BETTY J 203 SOUTH 29TH STREET FT PIERCE, FL 34947				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLAY, ROBERT L		NAME		
STREET ADDRESS	203 SOUTH 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34947		CITY-ST-ZIP		
TITLE	DVPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, SANDRA A		NAME	WILLIAMS, SANDRA S	
STREET ADDRESS	9495 GERMANY CANAL RD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34988		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, JULIE A		NAME		
STREET ADDRESS	990 N KINGS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34947		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, DEBORAH S		NAME		
STREET ADDRESS	221 GARDEN AVENUE		STREET ADDRESS	FT Pierce, FL 34982	
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLAY, BETTY		NAME		
STREET ADDRESS	303 S 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34947		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLAY, RICHARD S		NAME		
STREET ADDRESS	4313 BRIARCREST DRIVE		STREET ADDRESS	P.O. BOX 722166	
CITY-ST-ZIP	OKLAHOMA CITY, OK 73071		CITY-ST-ZIP	NORMAN, OK 73070	
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: Robert L. Slay ROBERT L. SLAY, PRESIDENT 1/4/2006 772-370-6527 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					