

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**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**



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0803175** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 S 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 FORT PIERCE, FL 34982
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 P O BOX 722166 NORMAN, OK 73070

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IN THIS SPACE**

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02/14/07-80074-017 150.00

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** **2/4/07** **772-3706527**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #