
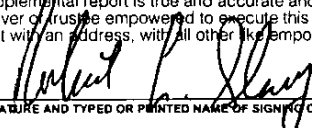


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90073 042 ***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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0803175			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SLAY, BETTY J 203 SOUTH 29TH STREET FT PIERCE, FL 34947			7. Name and Address of New Registered Agent Name Robert L. Slay Street Address (P.O. Box Number is Not Acceptable) 203 South 29th Street City Fort Pierce FL Zip Code 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 _____ <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, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	DP SLAY, ROBERT L 203 SOUTH 29TH STREET FT PIERCE, FL 34947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT WILLIAMS, SANDRA S 9495 GERMANY CANAL RD PORT ST LUCIE, FL 34988	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SHAW, JULIE A 990 N KINGS HIGHWAY FT PIERCE, FL 34947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, DEBORAH S 221 GARDEN AVENUE FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLAY, BETTY 303 S 29TH STREET FORT PIERCE, FL 34947	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLAY, RICHARD S P O BOX 722166 NORMAN, OK 73070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1121 Beach Cove Road Waren, NC 28909				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/18/08 Daytime Phone # 772-464-0597					

40007835



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