


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 038 ***150.00

DOCUMENT # P97000100775 1. Entity Name B.J. ENTERPRISES, INC.					
Principal Place of Business 8102 GRADY DR. NORTH FORT MYERS, FL 33917			Mailing Address 8102 GRADY DR. NORTH FORT MYERS, FL 33917		
2. Principal Place of Business - No P.O. Box # 6581 SLATER PINES DR		3. Mailing Address 6581 SLATER PINES DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NORTH FORT MYERS FL		City & State NORTH FORT MYERS FL		4. FEI Number 65-0868351	
Zip 33917		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02262008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SAPPAH, MICHAEL 8102 GRADY DR. NORTH FORT MYERS, FL 33917			7. Name and Address of New Registered Agent Name SAPPAH, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6581 SLATER PINES DR City NORTH FORT MYERS FL Zip Code 33917		
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, 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	DPST SAPPAH, MICHAEL 8102 GRADY DR N. FT MYERS, FL 33917 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONNIER, BRUCE 479 GALLEGOS STREET PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-17-08 Daytime Phone # 941-815-8694		