


FOR PROFIT CORPORATION
2008 ANNUAL REPORT

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

05-02-2008 90148 045 ***150.00

DOCUMENT # P98000049413	
1. Entity Name P.J. & J. CORPORATION 2499 S.W. BOBALINK PALM CITY FLORIDA 34990	

DO NOT WRITE IN THIS SPACE

40093830

2. Principal Place of Business - No P.O. Box # 2929 SE OCEAN BLVD.		3. Mailing Address 2499 BOBALINK COURT	
Suite, Apt. #, etc. 130-2		Suite, Apt. #, etc.	
City & State STUART FLORIDA		City & State PALM CITY FLORIDA	
Zip 34996	Country U.S.	Zip	Country

CR2E034B (5/07)

DO NOT WRITE -IN THIS SPACE	4. FEI Number 65-084477		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
		Name BRUCE J. HEYMAN	
		Street Address (P.O. Box Number is Not Acceptable) 2499 BOBALINK COURT	
		City PALM CITY	Zip Code FL 34990

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 

4-10-08

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRUCE J. HEYMAN 2499 BOBALINK COURT PALM CITY FLORIDA 34990
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-08