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Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 031 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000081691

1. Entity Name
L-JAY GROUP II, INC.

Principal Place of Business	Mailing Address
5323 SUMMERLIN RD. #15 FORT MYERS, FL 33919 US	PO BOX 60825 FORT MYERS, FL 33986-6825 US

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4640 SIESTA CR.	4640 SIESTA CR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, Fl.	City & State: FORT MYERS, Fla.
Zip: 33901 Country: USA	Zip: 33901 Country: USA

4. FEI Number: 65-0864466 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, JOHN G
4367 N. FEDERAL HIGHWAY SUITE 101
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name:
Street: Mr. Thomas Johnson / 4640 Siesta Cir / Fort Myers, FL 33901
City: FL Zip Code:

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: Thomas D. Johnson, PRESIDENT 1/12/06
Signature, typed or printed name of registered agent and title if applicable (REQUIRED when Agent signature is required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STP	☐ Delete
NAME	JOHNSON, THOMAS D	
STREET ADDRESS	P.O.BOX 60825	
CITY ST ZIP	FORT MYERS, FL 33906	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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TITLE		☐ Change	☐ Addition
NAME			
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CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			

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: Thomas D. Johnson, PRES. 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE