


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90041 014 \*\*\*150.00

<b>DOCUMENT # P98000103958</b>					
1. Entity Name <b>BJACK INDUSTRIES, INC.</b>					
Principal Place of Business <b>803 SW KEATS AVE PALM CITY, FL 34990</b>			Mailing Address <b>803 SW KEATS AVE PALM CITY, FL 34990</b>		
2. Principal Place of Business - No P.O. Box # <b>3357A SW 42ND AVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>3357A SW 42ND AVE.</b> Suite, Apt. #, etc.		
City & State <b>PAUM CITY FL</b>		City & State <b>PAUM CITY FL</b>		4. FEI Number <b>65-0882005</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34990</b>	Country <b>USA</b>	Zip <b>34990</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEONARD, PAUL 803 SW KEATS AVE PALM CITY, FL 34990</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, PAUL 803 SW KEATS AVE PALM CITY, FL 34990 <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	D MCKERNAN, CAROL 803 SW KEATS AVE PALM CITY, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>CAROL MCKERNAN VP</b> CAROL MCKERNAN, VP			Date <b>3/25/08</b> Daytime Phone #		