

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90023 029 ***150.00

DOCUMENT # P98000107288

1. Entity Name
PRJ OF TAMPA, INC.



Principal Place of Business
50 COE ROAD #123
CLEARWATER, FL 33756

Mailing Address
50 COE ROAD #123
CLEARWATER, FL 33756

40098572



2. Principal Place of Business
305 SUNNY LANE
Suite, Apt. #, etc.

3. Mailing Address
305 SUNNY LANE
Suite, Apt. #, etc.

07072006 Chg-P CR2E034 (11/05)

City & State
BELLEAIR FL.

City & State
BELLEAIR FL

4. FEI Number
59-3576011
Applied For
Not Applicable

Zip
33756 Country
USA

Zip
33756 Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANEY, RICHARD H ESQ.
101 EAST KENNEDY BOULEVARD
SUITE 3170
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 P. Johnson (PAMELA ROSS-JOHNSON)
Signature, typed or printed name of registered agent and title if applicable.

7/6/6
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
ROSS-JOHNSON, PAMELA
50 COE ROAD #123
CLEARWATER, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JOHNSON, RONALD
50 COE ROAD #123
CLEARWATER, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
IAN ROSS-JOHNSON
302 EASTLEIGH DR
BELLEAIR FL 33756 ☐ Change ☒ Addition

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

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

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: P. Johnson (PAMELA ROSS-JOHNSON PST) 7/6/6 7274181940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #