


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90677 035 ***150.00

DOCUMENT # P99000030394			
1. Entity Name S.G.J. ENTERPRISES, INCORPORATED			
Principal Place of Business 250 N. BEACH ST. DAYTONA BEACH, FL 32114		Mailing Address 5402 TAYLOR AVE. PORT ORANGE, FL 32127	
2. Principal Place of Business		3. Mailing Address <i>100 E KENTUCKY Ave H-4</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>H-4</i>	
City & State		City & State <i>DELAND FL</i>	
Zip	Country	Zip	Country
		<i>32724</i>	<i>USA</i>
6. Name and Address of Current Registered Agent HEINTZ, ARTHUR E 921 WAVERLY DRIVE LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



04282004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3627039

Applied For
Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSD JONES, STEVEN G 5402 TAYLOR AE. PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio <i>100 E KENTUCKY Ave H-4 DELAND FL 32724</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, CHRISTOPHER 5402 TAYLOR AVE. PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio <i>100 E KENTUCKY Ave H-4 DELAND FL 32724</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

Daytime Phone #