

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90040 036 ***150.00

DOCUMENT # P99000036873

1. Entity Name
MJS ENTERPRISES, INC.



Principal Place of Business
**434 GARFIELD STREET SW
PALM BAY, FL 32908**

Mailing Address
**434 GARFIELD STREET SW
PALM BAY, FL 32908**

50002465



2. Principal Place of Business
1966 Thornwood Drive SE

3. Mailing Address
1966 Thornwood Drive SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State
Palm Bay, FL

City & State
Palm Bay, FL

4. FEI Number
59-3571965

Applied For
Not Applicable

Zip
32909

Country
Brevard

Zip
32909

Country
Brevard

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHEERES, MICHAEL
434 GARFIELD STREET SW
PALM BAY, FL 32908**

Name
Scheeres, Michael
Street Address (P.O. Box Number is Not Acceptable)
1966 Thornwood Drive SE

City **Palm Bay** **FL** Zip Code **32909**

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 Michael J. Scheeres Michael Scheeres, Reg. Agent 03/03/06
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **SCHEERES, MICHAEL**
STREET ADDRESS **1966 THORNWOOD DR SE**
CITY-ST-ZIP **PALM BAY, FL 32909**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Michael J. Scheeres Michael Scheeres, Director 03/03/06 321-837-0168
Signature and typed or printed name of signing officer or director Date Daytime Phone #