2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000056187

1. Entity Name
HFJ CORP.

Principal Place of Business	Mailing Address
220 SE 36TH AVE	220 SE 36TH AVE
OCALA, FL 34471	OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

03132007   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3583942

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HENDERSON, FRANK
220 SE 36TH AVE
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00

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

U000000701690
04/20/07-80068-012 150.00

DO NOT WRITE IN THIS SPACE

10. **OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	KROITOR, MICHAEL
STREET ADDRESS	2401 SE 13TH ST
CITY-ST-ZIP	OCALA, FL 34471

TITLE	VSD
NAME	HENDERSON, FRANK
STREET ADDRESS	1130 SE 52ND ST
CITY-ST-ZIP	OCALA, FL 34480

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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: X _____ MICHAEL KROITOR   4-70-07   352 368 786y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #