2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000085640

1. Entity Name
LJC PROPERTY, INC.

Principal Place of Business	Mailing Address
730 WEST WASHINGTON STREET	730 WEST WASHINGTON STREET
ORLANDO, FL 32805	ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

04042007   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3604436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANTZARIS, DANIEL F
332 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32802

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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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, JOAN
STREET ADDRESS	4643 CHULUOTA ROAD
CITY-ST-ZIP	ORLANDO, FL 32820

TITLE	TD
NAME	DIORIO, CLAUDIA
STREET ADDRESS	839 ORWELL AVENUE
CITY-ST-ZIP	ORLANDO, FL 32809

TITLE	SD
NAME	SMITH, LANCE
STREET ADDRESS	4643 CHULUOTA ROAD
CITY-ST-ZIP	ORLANDO, FL 32820

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80071-013 150.00

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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: _Claudia J Diorio_   _April 4, 2007_   407-244-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #