

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # S28212

1. Entity Name
TIMJO, INC.



Principal Place of Business

POST OFFICE BOX 884
LAKE PLACID, FL 33852

Mailing Address

POST OFFICE BOX 884
LAKE PLACID, FL 33852



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3049503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANDERS, JOHN W.
115 LAKE HUNTLEY DR.
LAKE PLACID, FL 33852

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000237431
02/21/05-80055-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANDERS, JOHN W.
STREET ADDRESS	115 LAKE HUNTLEY DR.
CITY - ST - ZIP	LAKE PLACID, FL
TITLE	D
NAME	LANDERS, SHARLENE M.
STREET ADDRESS	115 LAKE HUNTLEY DR.
CITY - ST - ZIP	LAKE PLACID, FL
TITLE	D
NAME	LANDERS, TIMOTHY D.
STREET ADDRESS	115 LAKE HUNTLEY DR.
CITY - ST - ZIP	LAKE PLACID, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-05 863 4650012