


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # V13378
1. Entity Name
WARJON, INC.



Principal Place of Business Mailing Address
8647 BAYPINE ROAD 8647 BAYPINE ROAD
#108 #108
JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3110805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE AND ROWE P.A.
9471 BAYMEADOWS ROAD
SUITE 203
JACKSONVILLE, FL 32256

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARTHUR, MURRAY C.
STREET ADDRESS	1003 OAK CRESCENT
CITY-ST-ZIP	CORNWALL ONTARIO, CA k8j2n2
TITLE	D
NAME	WARDEN, MICHAEL G
STREET ADDRESS	29 CHAMPINE DRIVE
CITY-ST-ZIP	LONG SAULT ONTARIO, CA k0p1p0
TITLE	VM
NAME	SMID, JOSEPH P
STREET ADDRESS	7992 GREEN GLADE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/05-80061-014 150.00

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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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Joseph P. Smid 3-2-05 904-448-0772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #