


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # V13378 1. Entity Name WARJON, INC.	
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Principal Place of Business 8647 BAYPINE ROAD #108 JACKSONVILLE, FL 32256	Mailing Address 8647 BAYPINE ROAD #108 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3110805	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, MURRAY C. 1003 OAK CRESCENT CORNWALL ONTARIO, CA k8j2n2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARDEN, MICHAEL G 29 CHAMPINE DRIVE LONG SAULT ONTARIO, CA k0p1p0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM SMID, JOSEPH P 7992 GREEN GLADE RD. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000251688
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: <u>Joseph P. Smid</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-2-05 <small>Date</small>	904-448-0472 <small>Daytime Phone #</small>
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