


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V13378</b> 1. Entity Name WARJON, INC.	
--	---

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

**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, MURRAY C. 1003 OAK CRESCENT CORNWALL ONTARIO, CA k6j2n2
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	

U00000818792  
 02/15/08-80057-008 150.00

**DO NOT WRITE IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:** Joseph P. Smid **2-4-08** **(904) 448-0472**

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