2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V31579

1. Entity Name
LJI, INC.

Principal Place of Business

5201 LAGOS CT.
NEW PORT RICHEY, FL 34655

Mailing Address

5201 LAGOS CT.
NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

03132004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3125011	Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSMITH, LYNNE
5201 LAGOS CT
NEW PT RICHEY, FL 34655

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, type, 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

U000000090824
03/17/04-80034-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GOLDSMITH, LYNNE
STREET ADDRESS	5201 LAGOS CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: _Lynne Goldsmith_   3/15/04   727 376-3670

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