


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000071556**

1. Entity Name  
**CGCJ, INC.**



Principal Place of Business      Mailing Address

**515 N.E. 4TH STREET**      **515 NE 4TH ST**  
**POMPAHO BEACH, FL 33060**      **POMPAHO BEACH, FL 33060 US**

**DO NOT WRITE IN THIS SPACE**



04082005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**U.C.C. FILING & SEARCH SERVICES INC.**  
**526 EAST PARK AVENUE**  
**SUITE 200**  
**TALLAHASSEE, FL 32301**

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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 requesting)      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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINGLETON-SIMON, JENNIFER
STREET ADDRESS	1800 E ATLANTIC BLVD
CITY-ST-ZIP	POMPAHO BEACH, FL 33060
TITLE	VD
NAME	PETERS, CYNTHIA S
STREET ADDRESS	20906 ENCANTO COURT
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	STD
NAME	CLARK, GLENDA
STREET ADDRESS	515 N.E. 4TH STREET
CITY-ST-ZIP	POMPAHO BEACH, FL 33060
TITLE	D
NAME	SINGLETON, CHARLES G JR
STREET ADDRESS	1800 E ATLANTIC BLVD
CITY-ST-ZIP	POMPAHO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000298850  
 04/11/05-80086-007 150.00

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 *Glenda Clark*      Date 4/7/05      Daytime Phone # 954-781-8436