2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

._FILED Mar 01, 2004 08:00 AM DOCUMENT # J59808 1. Entity Name Secretary of State C-J DEVELOPMENT, INC. Principal Place of Business Mailing Address C/O MARIO JEBAILEY 9314 BENTLEY PARK CIRCLE ORLANDO FL 32819 11601 S ORANGE BLOSSOM TR SUITE 101 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2779164 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEBAILEY, MARIO Street Address (P.O. Box Number is Not Acceptable) 9314 BENTLEY PARK CIR ORLANDO FL 32819 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MIF Delete TITLE JEBAILEY, MARIO NAME NAME 9314 BENTLEY PARK CIRLCE Unnnm071837 STREET ADDRESS STREET ADDRESS ORLANDO FL Ú3/U1/04-80087-004 150.00 CITY-ST-ZIP CITY-ST-ZIP TRE ☐ Delete TITLE ☐ Addition JEBAILEY, CHARLES NAME NAME STREET ADDRESS 9314 BENTLEY PARK CIRCLE STREET ADDRESS CITY -ST-ZIP ORLANDO FL CITY-ST-ZIP Delete ☐ Change Addition NAME JEBAILEY, ANTOINETTE MAME STREET ADDRESS 9314 BENTLEY PARK CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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