

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96000003511

1. Entity Name

CURT J & J ENTERPRISES, INC.



FILED
Apr 21, 2006 08:00 AM
Secretary of State

Principal Place of Business

4040 SE 84TH LN RD
OCALA FL 34480

Mailing Address

4040 SE 84TH LN RD
OCALA FL 34480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1072155**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CHAPPELKA, CURT J
4040 SE 84TH LN RD
OCALA FL 34480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. ☐ **Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE	DCP	☐ Delete
NAME	CHAPPELKA, CURT J	
STREET ADDRESS	4040 SE 84TH LN RD	
CITY- ST- ZIP	OCALA FL 34480	
TITLE	DCV	☐ Delete
NAME	CHAPPELKA, MARILYN B	
STREET ADDRESS	4040 SE 84TH LN RD	
CITY- ST- ZIP	OCALA FL 34480	
TITLE	ST	☐ Delete
NAME	CHAPPELKA, JAMES A	
STREET ADDRESS	4040 SE 84TH LN RD	
CITY- ST- ZIP	OCALA FL 34480	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: Curt J. Chapelka **CURT J. CHAPPELKA** **4/19/2006 (352) 368-5741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

One

Daytime Phone #