2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H19987

FILED Jan 20, 2006 8:00 am Secretary of State

01-20-2006 90026 020 ***150.00

1. Entity Name C.J.'S REEL PARTS AND SERVICE, INC.										
Principal Place of Business			Mailing Address				~~~	***		
780 MULLET RD., STE. 12 2			780 MULLET RD., STE. 122							
STE-124 Port Canaveral, FL 32920			STE-124							
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2. Principal P	lace of Busin	ness	3. Mailing Address							
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Suite, Apt. #, etc. 5 T E 124			Suite, Apt. #, etc. STE /24		01152006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State			4. FEI Number Applied For 59-2449857 Not Applicabl				•
Zip Country		Zip Country		try	_ \$0					
				5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Age <u>nt</u>	
DINEHAD	T IACK B	•			Name					
RINEHART, JACK B 780 MULLET RD STE-124					Street Address (P.O. Box Number	r is Not Acceptab	ole)		
PORT CAN	, FL 32920									
				City				FL	Zip Cod	Ð
	named entit tions of regist		r the purpose of changing its	s register	ed office or register	red agent, or both	n, in the State of F	Florida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating)		DATE		
										
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campa Trust Fund Con		~ ~~	.00 May Be led to Fees				
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.0	Trust Fund Con		~ ~~	led to Fees	CHANGES TO OF	FICERS AN	O DIRECTOR	S IN 11
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12. Thereby 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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR