

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # J58537

1. Entity Name
C. J. PROPERTIES, INC.



Principal Place of Business
**1746 GOLFVIEW DR
KISSIMMEE, FL 34746 US**

Mailing Address
**1746 GOLFVIEW DR
KISSIMMEE, FL 34746 US**



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2773646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIPE, JOHN R.
1746 GOLFVIEW DR
KISSIMMEE, FL 34746**

**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, 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, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHIPE, JOHN R.
STREET ADDRESS	1746 GOLFVIEW DR
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	VTD
NAME	SHIPE, CECILIA
STREET ADDRESS	1746 GOLFVIEW DR
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	SD
NAME	ROGALSKI, SUZAN C S
STREET ADDRESS	14386 NOTTINGHAM WAY CIR
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	D
NAME	SHIPE, PAUL E
STREET ADDRESS	1746 GOLFVIEW DR
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/04-80042-021 150.00

**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: *John R. Shipe* **JOHN R. SHIPE** **2/18/04** **407-973-3474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #