2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J58537

1. Entity Name

C. J. PROPERTIES, INC.

Principal Place of Business	Mailing Address
1746 GOLFVIEW DR KISSIMMEE FL 34746 US	1746 GOLFVIEW DR KISSIMMEE FL 34746 US

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business
1724 BRIDGETS CT
Suite, Apt. #, etc.

3. Mailing Address
1724 BRIDGETS CT.
Suite, Apt. #, etc.

City & State *KISSIMMEE, FL*
Zip *34744*   Country *US*

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Zip *34744*   Country *US*

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1724 BRIDGETS CT.

City *KISSIMMEE*   FL   Zip Code *34744*

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SHIPE, JOHN R. STREET ADDRESS 1746 GOLFVIEW DR CITY-ST-ZIP KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS *1724 BRIDGETS CT.* CITY-ST-ZIP *KISSIMMEE, FL 34744*	☑ Change ☐ Addition
TITLE VTD NAME SHIPE, CECELIA STREET ADDRESS 1746 GOLFVIEW DR CITY-ST-ZIP KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS *1724 BRIDGETS CT.* CITY-ST-ZIP *KISSIMMEE, FL 34744*	☑ Change ☐ Addition
TITLE SD NAME ROGALSKI, SUZAN C'S STREET ADDRESS 14386 NOTTINGHAM WAY CIR CITY-ST-ZIP ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SHIPE, PAUL E STREET ADDRESS 1746 GOLFVIEW DR CITY-ST-ZIP KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS *1724 BRIDGETS CT.* CITY-ST-ZIP *KISSIMMEE, FL 34744*	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, PRES.   2/7/05   407-973-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #