


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L53861 1. Entity Name C & J OF NAPLES, INC.	
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Principal Place of Business % CHARLES S. FALLER 3880 RUM ROW NAPLES, FL 34102	Mailing Address 5307 RANDOLPH RD APT #2 ROCKVILLE, MD 20852 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0187068	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YOVANOVICH, RICHARD ESQ. GOODLETTE, COLEMAN & JOHSON, P.A. 4001 TAMiami TRAIL NORTH NAPLES, FL 34103
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FALLER, CHARLES S 5307 RANDOLPH RD ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FALLER, ROBERT O 4401 18TH AVE SW NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TECK, BRUCE J 10537 MAC ARTHUR BLVD POTOMAC, MD 20854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALLER, CHARLES S III 5307 RANDOLPH ROAD ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80005-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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

Date

Daytime Phone #

Charles S Faller III

1/5/07

301-231-6000