

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000014444

Entity Name: CCJ, INC.

**FILED**  
**May 16, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1713 RIO VISTA DRIVE  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

1713 RIO VISTA DRIVE  
FORT PIERCE, FL 34949

**New Mailing Address:**

FEI Number: 65-0987882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, CLIFF  
1713 RIO VISTA DRIVE  
FORT PIERCE, FL 34949 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, CLIFFORD D  
Address: 1713 RIO VISTA DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP (X) Delete  
Name: JOHNSON, CARLA L  
Address: 1713 RIO VISTA DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF JOHNSON

P

05/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date