

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000024803

1. Entity Name  
ACJR INVESTMENTS, INC.



Principal Place of Business  
1041 CROWN PARK CIRCLE  
WINTER GREEN, FL 34287

Mailing Address  
1041 CROWN PARK CIRCLE  
WINTER GREEN, FL 34287

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3633679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PRATT, JAMES R  
369 NORTH NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RABOUD, RONALD J
STREET ADDRESS	4405 KELLY PARK RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	COX, LAWRENCE
STREET ADDRESS	1099 PARK AVENUE NORTH
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	ADKINS, JOHN D
STREET ADDRESS	605 EAST PALM AVENUE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	JUNE, ROHLAND A II
STREET ADDRESS	71 EAST CHURCH STREET SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/08-80002-020 150.00

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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 #

*Lawrence E. Cox* 7/9/08 (904) 654-8425