



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000014820		
1. Entity Name CJR PERFORMANCE CO., INC.		
Principal Place of Business 1823 W. 27TH ST. PANAMA CITY, FL 32405		Mailing Address 1823 W. 27TH ST. PANAMA CITY, FL 32405
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent REED, CHARLES A 1006 SEAGULL LN. LYNN HAVEN, FL 32444		 04292004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3699971 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
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 _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U000000146402 05/03/04-80064-003 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, CHARLES A 1823 W. 27TH ST. PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JANET D 1823 W. 27TH ST. PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAFFOON, CASSANDRA 1315 CAPRI DR PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 filers empowered.		
SIGNATURE: <u>Charles A. Reed</u>		7-30-04 850-770-9925 Date Daytime Phone #