


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90032 050 ***158.75

DOCUMENT # P01000080081																	
1. Entity Name CCJ OF PENSACOLA, INC.																	
Principal Place of Business 470 E. NINE MILE ROAD PENSACOLA FL 32514			Mailing Address 470 E. NINE MILE ROAD PENSACOLA FL 32514														
2. Principal Place of Business			3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		4. FEI Number 59-3735682													
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable													
6. Name and Address of Current Registered Agent BONELLI, CRAIG A 470 E. NINE MILE ROAD PENSACOLA FL 32514				7. Name and Address of New Registered Agent													
Name				Street Address (P.O. Box Number is Not Acceptable)													
City				FL Zip Code													
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)																	
Signature, typed or printed name of registered agent and title if applicable.																	
DATE																	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State																	
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS																	
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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: <u>C. C. 300</u>																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	
Date <u>3.3.04</u>																	
Daytime Phone # <u>850 477-5044</u>																	