

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

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



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3735682

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONELLI, CRAIG A
470 E. NINE MILE ROAD
PENSACOLA, FL 32514

**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

Craig A. Bonelli

2-23-05

Signature required for all changes of registered office and the face of the

(NOTE: Registered Agent Signature required when the following)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000270625
03/21/05-80015-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BONELLI, CRAIG A
STREET ADDRESS	536 LI FAIR PLACE
CITY ST ZIP	PENSACOLA, FL 32506
TITLE	S
NAME	MCCAULEY, CLYDE R JR.
STREET ADDRESS	9070 ASHVILLE DR.
CITY ST ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Craig A. Bonelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05 850 516 2051