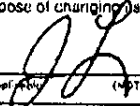
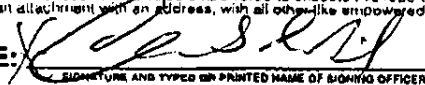


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90006 029 ***150.00

DOCUMENT # P01000080675						
1. Entity Name CJR PROPERTY MANAGEMENT, INC.						
Principal Place of Business P. O. BOX 352502 PALM COAST, FL 32135			Mailing Address P. O. BOX 352502 PALM COAST, FL 32135			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. PEI Number 54-3736872		
				Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
LOGUIDICE, JOSEPH A 435 LONG COVE RD. ORMOND BCH, FL 32174				Name JOE. Loguidice		
				Street Address P.O. Box Number is Not Acceptable 1515 Ridge Wood Ave		
				City Holly Hill		
				FL 32117		
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 				DATE 6/20/04		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME		TITLE		NAME	
STREET ADDRESS	P. O. BOX 352502		STREET ADDRESS		P. O. BOX 352502	
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP		PALM COAST, FL 32135	
TITLE	NAME		TITLE		NAME	
STREET ADDRESS	P. O. BOX 352502		STREET ADDRESS		P. O. BOX 352502	
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP		PALM COAST, FL 32135	
TITLE	NAME		TITLE		NAME	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	NAME		TITLE		NAME	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	NAME		TITLE		NAME	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	NAME		TITLE		NAME	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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 like empowered.						
SIGNATURE: 				DATE: 7/01/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		

54060004



07012004 Chg-P CR2E034 (10/03)