2006 FOR PROFIT CORPORATION FILED ANNUAL REPORT Jan 27, 2006 08:00 AN DOCUMENT # P02000013794 **Secretary of State** 1. Entity Name C. J. ENTERPRISE, INC. Mailing Address Principal Place of Business 601 12TH ST W 331 12TH AVE W BRADENTON, FL 34205 PALMETTO, FL 34221 CR2E034 (11/05) No Chg-P 01032006 DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 90-0010849 Not Applicable \$8.75 Addillonal 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent QUINLAN, JOHN V DO NOT WRITE 601 12TH STREET WEST IN THIS SPACE BRADENTON, FL 34205 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE REEDER, CLARK F NAME 331 12TH AVE W STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP TITLE U00000403483 n2/n6/06-80008-024 150.00 REEDER, JONI L NAME 331 12TH AVE W STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information applied with this filling 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 accturate 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 any address, with all other like empowered.

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SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/06

Daytime Phone #