2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025187

1. Entity Name
CJ'S DESIGNS, INC.

Principal Place of Business	Mailing Address
128 PALOMINO DR.	128 PALOMINO DR.
JUPITER, FL 33458	JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

03042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0563401	Not Applicable

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

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6. Name and Address of Current Registered Agent

MARTIN, STEFFANI T
MARTIN & MARTIN TAX&ACCOUNTING, INC
LAKE WORTH, FL 33463

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

➡ **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	PVTD
NAME	KOCH, CAROL J
STREET ADDRESS	128 PALOMINO DR.
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	S
NAME	HEINE, ELLEN A
STREET ADDRESS	128 PALOMINO DR.
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/22/07-80060-004 150.00

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12. I hereby certify that the information supplied with this filing 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 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: _Carol J Koch Pres_   _3/9/07_   _561 575-7419_
CAROL J. KOCH, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #