

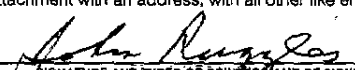


FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000094441 1. Entity Name CJ FABRICATION, INC.		Secretary of State 	
Principal Place of Business 7802 COUNTY LINE ROAD ODESSA, FL 33556		Mailing Address 7802 COUNTY LINE ROAD ODESSA, FL 33556	
DO NOT WRITE IN THIS SPACE		 04132005 No Chg-P CR2E034 (10/03) 4. FEI Number 22-3870043 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <div style="border: 1px solid black; padding: 2px; display: inline-block;">Applied For Not Applicable</div>	
6. Name and Address of Current Registered Agent DAVIS, AILEEN S 100 SOUTH ASHLEY DRIVE STE 1500 TAMPA, FL 33602		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="border: 1px solid black; padding: 10px; width: 100%;">DO NOT WRITE IN THIS SPACE</div>	
<div style="border: 1px solid black; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>	<div style="border: 1px solid black; padding: 2px;">D RUGGLES, JOHN 7802 COUNTY LINE ROAD ODESSA, FL 33556</div>	<div style="border: 1px solid black; padding: 10px; width: 100%;">DO NOT WRITE IN THIS SPACE</div>	
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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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JOHN RUGGLES 4/29/05 813-792-1337 <small>Date Daytime Phone #</small>	