


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000095730 1. Entity Name C.J. FOOD MARTS, INC.	
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Principal Place of Business 2200 HWY 98 WEST MARY ESTHER, FL 32569	Mailing Address 2200 HWY 98 WEST MARY ESTHER, FL 32569
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DO NOT WRITE IN THIS SPACE



07312007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2179987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIGGINS, JOHN D
190 WYNNHAVEN BEACH ROAD
MARY ESTHER, FL 32569

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

**FILE NOW!! FEE IS \$550.00
Due by September 14, 2007**

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

000000772925
08/28/07-80009-014 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGGINS, JOHN D 190 WYNNHAVEN BEACH RD. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIGGINS, KIMBERLY 190 WYNNHAVEN BEACH RD. MARY ESTHER, FL 32569
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: John D Wiggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/07 950-581-6220
Date Daytime Phone #