2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 08:00 A tate

DOCUMENT # P02000098926 1. Entity Name C.J. SALES OF FLORIDA, INC.				Secretary of St			
1 '	5TH AVENUE	Aailing Address PO BOX 830426 OCALA, FL 34483			IT FALIR HART ARTH RAITH ART	FF DERFED I DERDE FORIEF FOIED IN	
C	OO NOT WRITE I	CE	01042008 4. FEI Numb 33-102		CR2E034 (11/	Applied For Not Applicable Additional	
	6. Name and Address of Current Regi	stered Agent	<u> </u>	L.,		ree rec	innea
BETHUNE, CHRIS 5350 S.E. 15TH AVENUE OCALA, FL 34480					NOT W THIS SP		
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 tide of applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	04/30/08	0902529 -80009-019	150.00
10.	OFFICERS AND DIRE	CTORS	1	······································	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D P BETHUNE, CHRIS 5350 S.E. 15TH AVENUE OCALA, FL 34480						
STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE				W.	THIS SP	ACE	
NAME STREET ADDRESS							

12. Thereby 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 that 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.

ITTLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Chris BETHUNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

4-14-08

Date

Daytime Phone #