

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000130806

Entity Name: C & J SIGNS INC.

**FILED**  
**Jun 16, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

200 E. 5TH ST.  
LEHIGH ACRES, FL 33936

## **New Principal Place of Business:**

610 WILLIAMS AVENUE  
LEHIGH ACRES, FL 33936

## **Current Mailing Address:**

P.O. BOX 1077  
LEHIGH ACRES, FL 33970

## **New Mailing Address:**

FEI Number: 43-1995443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SANTOS, CALEB  
200 E. 5TH STREET  
LEHIGH ACRES, FL 33936      US

## **Name and Address of New Registered Agent:**

SANTOS, CALEB  
610 WILLIAMS AVENUE  
LEHIGH ACRES, FL 33936      US

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.

SIGNATURE: CALEB SANTOS

06/16/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANTOS, CALEB  
Address: 200 E. 5TH STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V ( ) Delete  
Name: SANTOS, JONATHAN  
Address: 200 E. 5TH STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete  
Name: SANTOS, YOLANDA  
Address: 200 E. 5TH STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SANTOS, CALEB  
Address: 610 WILLIAMS AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V (X) Change ( ) Addition  
Name: SANTOS, JONATHAN  
Address: 610 WILLIAMS AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Change ( ) Addition  
Name: SANTOS, YOLANDA  
Address: 610 WILLIAMS AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALEB SANTOS

PRES

06/16/2006

Electronic Signature of Signing Officer or Director

Date