

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000002551

1. Entity Name
CJMCS, INC.



Principal Place of Business
503 LIGHTHOUSE CT
NEPTUNE BEACH, FL 32266

Mailing Address
503 LIGHTHOUSE CT
NEPTUNE BEACH, FL 32266



DO NOT WRITE IN THIS SPACE

02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1693305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORWIN, SCOTT C
1401 STRAND ST
NEPTUNE BEACH, FL 32266

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CORWIN, SCOTT C
STREET ADDRESS	3763 SANCTUARY WAY N.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250

TITLE	VPD
NAME	SMEEHUYZEN, CHRIS
STREET ADDRESS	503 LIGHTHOUSE CT
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000527531
05/04/06-80117-009 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06
Date

904-463-2399
Daytime Phone #