## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000111790

KOVACH, RICHARD J JR

WARNER ROBBINS, GA 31088

109 SHEFFIELD WAY

Name:

Address:

City-St-Zip:

FILED Mar 15, 2007 Secretary of State

Entity Name: CJ&F VENTURES, INC. **Current Principal Place of Business: New Principal Place of Business:** P. O. BOX 2132 KEYSTONE HEIGHTS, FL 32656 **Current Mailing Address: New Mailing Address:** P. O. BOX 2132 KEYSTONE HEIGHTS, FL 32656 FEI Number: 57-1198958 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHILDERS, CURTIS J 618 SE 4TH AVE. MELROSE, FL 32666 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete Title: () Change () Addition CHILDERS, FRANCES S Name: Name: 618 SE 4TH AVE. Address: Address: City-St-Zip: MELROSE, FL 32666 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: CHILDERS, CURTIS J Name: 618 SE 4TH AVE. Address: Address: MELROSE, FL 32666 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: DIR () Delete DIR COLE, MICHELE M COLE, MICHELE M Name: Name: 420 NAHA STREET 6434 LOCH LOMUND Address: Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656 Title: DIR ( ) Delete Title: DIR (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

KOVACH, RICHARD J JR

WARNER ROBBINS, GA 31088

204 TRACY TERRACE

SIGNATURE: FRANCES S CHILDERS PRES 03/15/2007