2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/26

FILED Sep 10, 2004 8:00 am Secretary of State

DOCUMENT # P03000136581 1. Entity Name					08-26-2004 90002 042 ***150.00			
C.J. WILEY, INC.								
Principal Place of Business 709 N. 17TH AVENUE APT. A-2 ARCADIA FL 34266		Mailing Address 709 N. 17TH AVENUE APT. A-2 ARCADIA FL 34266						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			MOORE CR2E034 (4/04)			
City & State		City & State		4. FEI Number 4 0 0 5 0 9 Applied For Not Applicable				
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SICA, VINCENT A 10. DESOTA AVE. SUITE 101 ARCADIA FL 34266				Name Street Address (P.O. Box Number is Not Acceptable)—				
I				City		FL	Zip Code	•
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 byped of printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when remissating) DATE								
Section and the section of the secti								
FILE NOW! IF FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waive late fee. By checking this box, the corpor Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is					on certifies it	Election Campaign Finance Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICERS ANI	DIRECTORS	3 IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

MATTHE AND TYPED ON PRINTED HAME OF SEMENG CIFFICER ON DIRECTOR

8-20-04

863-494-3404