2007 FOR PROFIT CORPORATION ANNUAL REPORT.

DO NOT WRITE IN THIS SPACE

FILED
Mar 26, 2007 08:00 AM
Secretary of State

ANNUAL REPORT	
DOCUMENT # P03000138350	
1. Entity Name	
CHARLES P. JUSTUS, II INC.	

Principal Place of Business

9021 BULLRUSH COURT

NEW PORT RICHEY, FL 34654 US

Mailing Address

9021 BULLRUSH COURT

NEW PORT RICHEY, FL 34654



01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0491483

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and	Address	of	Current	Reg	istered	Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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8. The above the obligat	named entity submits this statement for the pions of registered agent	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registerer	d Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	<u>U00000679556</u> 04/03/07-80042-018	150.00	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTUS, CHARLES P 9021 BULLRUSH COURT NEW PORT RICHEY, FL 34654						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTUS, SUE E 9021 BULLRUSH COURT NEW PORT RICHEY, FL 34654						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		,		IN '	THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP			i i				
TITLE NAME STREET ADDRESS CITY-ST-7IP				,			

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 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 tike empowered.

SIGNATURE

SIGNATURE AND TYPES O

TOP PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

727-697-1403