

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000081422

1. Entity Name

CJCM ENTERPRISES, INC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 25 PM 1:41

Principal Place of Business
5406 CHENAULT PLACE
RIVERVIEW FL 33569

Mailing Address
5406 CHENAULT PLACE
RIVERVIEW FL 33569



2. Principal Place of Business

11238 Boyette Rd

3. Mailing Address

1222 Wild Orchid Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

Riverview FL

City & State

Lithia FL

4. FEI Number

20-1181809

Applied For

Not Applicable

Zip
33569

Country
USA

Zip
33547

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZPATRICK, SCOTT W
100 SOUTH EDISON AVENUE
SUITE C
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
JENSEN, CLYDE A ☐ Delete
STREET ADDRESS
5406 CHENAULT PLACE
CITY - ST - ZIP
RIVERVIEW FL 33569

TITLE
NAME
Jensen, Clyde A. ☒ Change ☐ Addition
STREET ADDRESS
1222 Wild Orchid Dr
CITY - ST - ZIP
Lithia FL 33547

TITLE
NAME
VP
MARERRO, CHRISTOPHER A ☐ Delete
STREET ADDRESS
P.O BOX 3275
CITY - ST - ZIP
APOLLO BEACH FL 33572

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
600080312666
CITY - ST - ZIP
09/29/06--01067--008 **550.00

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
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☐ Change ☐ Addition
STREET ADDRESS
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TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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, 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

Date

Daytime Phone #

9/20/06 813-610-6800