

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 JUL 11 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000083401

1. Entity Name
CJ ENTERPRISES OF NOKOMIS, INC.



Principal Place of Business

1471 EWING STREET
NOKOMIS, FL 34275

Mailing Address

1471 EWING STREET
NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE



06212006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1158498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233

**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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KOVALCHICK, ANTHONY M
STREET ADDRESS 1471 EWING STREET
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D
NAME KOVALCHICK, CLAUDIA J
STREET ADDRESS 1471 EWING STREET
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500078280695
08/02/06--01062--001 **150.00

**DO NOT WRITE
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

6/21/06

Date

941 483 3019

Daytime Phone #

ANTHONY M KOVALCHICK

293

July 6, 2006
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CERTIFIED MAIL # 7003 2260 0005 3525 3827

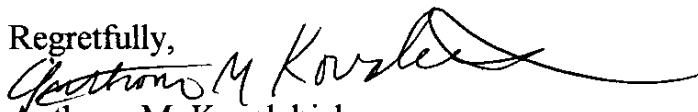
To Whom It May Concern:

In April of 2006, I received a postcard from Florida Division of Corporations informing me to go online to the website of Div. Of Corporations to get a 2006 annual report form. I copied a form from the internet, (exhibit A), filled it out and sent it in with my check number 1099 for \$150.00 to satisfy my annual report. That report, along with my \$150.00 check was sent back with letter (exhibit B) alleging a completed form was not submitted with my check. I then took the letter and the form to my accountant to insure that it was correctly filled out. I sent in the form with the returned check #1099.

I received a letter (Exhibit C) stating that my report has not been filed. I then called the Dept. of Corporations and spoke with Barbara. She informed me that my check was lost. I asked if she would look for it and I would call back in a week. I called a week later and spoke to Tina on 6/29/06 and was informed that my check was not found. She told me that I might issue another check and put a stop order on the check #1099. I told her that would cost \$32.00 to do that. She asked if I would like to speak to a supervisor and I responded that would help. I was transferred to his phone but was informed he was busy or out of the office.

Two days later, I received a postcard (exhibit D) stating that the business entity listed would be dissolved/revoked in 60 days. A single task of filing my 2006 report has turned into a nightmare of threats of \$400.00 fines and the dissolution of the corporation. I am now sending a new check for \$150.00 and another completed form. I have from the start filed on time with the correct information and the necessary payment. What do I have to do to get this report filed?

Regretfully,



Anthony M. Kovalchick
Enclosures

STOP PAYMENT REQUEST

393

ACCT TYPE: CHECKING/LOC CHECKING/LOC STOPS: Stop ACCT# 713-0049816.

DATE: 07/03/06 CITY/STORE: 71303 TELLER: 031-LTS

CUSTOMER NAME: c j enterprises of Nokomis, inc

PLEASE STOP PAY ON: CHECK

DATED: 04/20/06 CHECK # 1099 AMOUNT: 150.00

PAYEE: dept of the state of

DATE/HOUR STOPPED: 07/03/06 15:14:59 FOR # OF DAYS: 182

REASON FOR STOP: Florida lost

IF REPLACEMENT CHECK WILL BE ISSUED PLEASE GIVE NEW CHECK # 1121

AND CHECK DATE 7/6/06

STOP PAYMENT AGREEMENT

In requesting RBC Centura Bank to stop payment of this or any other item, the undersigned agrees to hold the Bank harmless for all expenses and cost incurred by the Bank on account of refusing payment of said item, and further agrees not to hold the Bank liable on account of payment contrary to this request if same occurs through inadvertence or accident, or if by reason of such payment other items drawn by the undersigned are returned insufficient.

This request is effective for six months if signed below by the depositor. If this request is not signed and returned to RBC Centura Bank within fourteen (14) days from the "Date Stopped" the stop payment will be released.

TAKEN BY Tiffani Szumanski CITY Sarasota (713) STORE Gulf Gate (003)
SIGNATURE Cynthia M Kovacs DATE 7/6/06

STOP PAYMENT REVOCATION

THE UNDERSIGNED HEREBY REVOKES THE STOP PAYMENT REQUEST PURSUANT TO AGREEMENTS CONTAINED THEREIN AND WILL NOT HOLD THE BANK LIABLE IF PAYMENT IS STOPPED CONTRARY TO THIS REVOCATION IF SAME OCCURS THROUGH INADVERTENCE OR ACCIDENT.

DATE _____ HOUR _____ SIGNATURE _____