## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000107629

FILED Jan 11, 2005 Secretary of State

Entity Name: C.J.M. INVESTMENT PROPERTIES OF WEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

764 SAMANTHA DRIVE 40417 US HWY 19 N

PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34689

**Current Mailing Address: New Mailing Address:** 

764 SAMANTHA DRIVE PO BOX 2432

PALM HARBOR, FL 34683 PALM HARBOR, FL 34682

FEI Number: 20-1398023 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR

MIAMI, FL 33145 US

MALISSOVAS, HRISTOS PO BOX 2432 PALM HARBOR, FL 34682 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: HRISTOS MALISSOVAS 01/11/2005

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete MALISSOVAS, HRISTOS Name:

764 SAMANTHA DRIVE Address:

City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete CUNNINGHAM, GENE Name:

764 SAMANTHA DRIVE Address: PALM HARBOR, FL 34683 City-St-Zip:

(X) Change ( ) Addition Name: MALISSOVAS, HRISTOS

PO BOX 2432 Address:

DPST

City-St-Zip: PALM HARBOR, FL 34682

Title: VΡ (X) Change ( ) Addition

MALISSOVAS, JOANNE Name: PO BOX 2432 Address:

PALM HARBOR, FL 34682 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: HRISTOS MALISSOVAS **PRES** 01/11/2005