


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90073 043 ***150.00

DOCUMENT # P04000160839 1. Entity Name CJC TEAM ENTERPRISES, INC.					
Principal Place of Business 7715 PARK BYRD ROAD LAKELAND, FL 33810 US			Mailing Address 7715 PARK BYRD ROAD LAKELAND, FL 33810 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-1936094				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHENEY, PAMELA J 7715 PARK BYRD RD LAKELAND, FL 33810			7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CHENEY, FENTON E <input type="checkbox"/> Delete 7715 PARK BYRD RD LAKELAND, FL 33810		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHENEY, PAMELA J <input type="checkbox"/> Delete 7715 PARK BYRD RD LAKELAND, FL 33810		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHNSON, BETH CHENEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4220 Summer Landing Apt 105 Lakeland, FL 33810	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHENEY, BETH M <input type="checkbox"/> Delete 7715 PARK BYRD RD LAKELAND, FL 33810		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHENEY, PAMELA J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7715 PARK BYRD RD LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Pamela J Cheney</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/06 863-859-0314 Date Daytime Phone #		