## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 16, 2006 8:00 am DOCUMENT # P05000050640 **Secretary of State** 1. Entity Name 03-16-2006 90243 006 \*\*\*150.00 C J C GROUP INC Principal Place of Business Mailing Address 195 WALTON MAGNOLIA LN PANAMA CITY FL 32413 195 WALTON MAGNOLIA LN PANAMA CITY FL 32413 2. Principal Place of Business 3. Mailing Address 1588 E. COUNTY PO BOX 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For OSEMARY 2026 49 4.5 PANAMA Not Applicable \$8.75 Additional Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, RICHARD M-195 WALTON MAGNOLIA LN F. COUNTY HWY PANAMA CITY FL 32413 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ☐ Addition NAME BELL, RICHARD M NAME 8 7588 E. COUNTY HWY 30-A PANAMA CITY BEACH, FL 32413 STREET ADDRESS STREET ADDRESS 195 WALTON MAGNOLIA LANE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 TITLE VΡ Delete TITLE NAME WALLS, JAMES A NAME STREET ADDRESS 1538 SKELTON ST. STREET ADDRESS CITY-ST-ZIP PONCE DE LEON FL 32455 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME BESS, WILLIE J STREET ADDRESS STREET ADDRESS 3246 NEIL LANE City-St-78P **BONIFAY FL 32425** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

FILED