

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90045 037 ***150.00

40123414



07022007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4301833** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P06000014027

1. Entity Name
C.J. AND FAMILY CORPORATION



Principal Place of Business
**822 N.E. 1ST STREET
CRYSTAL RIVER, FL 34429**

Mailing Address
**822 N.E. 1ST STREET
CRYSTAL RIVER, FL 34429**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**PSC 485 BOX 177
FPO AP
96321**
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**HOLLIS, CARLOS J
822 N.E. 1ST STREET
CRYSTAL RIVER, FL 34429**

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLIS, CARLOS J 822 N.E. 1ST STREET CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PSC 485 BOX 177 FPO AP 96321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LONG, LOVENNIA 822 N.E. 1ST STREET CRYSTAL RIVER, FL 34429 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOLLIS, CARLOS J. PSC 485 BOX 177 FPO AP 96321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT HOLLIS, JENNIFER 822 N.E. 1ST STREET CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PSC 485 BOX 177 FPO AP 96321
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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: Carlos J. Hollis **02 JUL 07** **(352) 503-4232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #