

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90110 040 ***150.00

DOCUMENT # P07000097422

1. Entity Name
C2J2 HOLDINGS, INC.



Principal Place of Business Mailing Address
5113 CENTRAL AVENUE 5113 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 US ST. PETERSBURG, FL 33710 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01032008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0818037 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOMON, JAY D
5113 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME SOLOMON, JAY D ☐ Delete
STREET ADDRESS 5113 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE T
NAME GODELS, CHARLES P ☐ Delete
STREET ADDRESS 5113 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE VP
NAME MAGUIRE, JOHN ☐ Delete
STREET ADDRESS 4033 12TH STREET NE
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE S
NAME HUNT, CLIFFORD J ☐ Delete
STREET ADDRESS 5415 BATES STREET
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jay D. Solomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08
Date

727 322-5111
Daytime Phone #

JAY D Solomon