

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112446

Entity Name: CJ MAHONEY, INC

FILED  
Mar 14, 2009  
Secretary of State

## Current Principal Place of Business:

105 MEADOW LANE  
OLDSMAR, FL 34677

## New Principal Place of Business:

107 WINDWARD PLACE  
OLDSMAR, FL 34677

## Current Mailing Address:

105 MEADOW LANE  
OLDSMAR, FL 34677

## New Mailing Address:

107 WINDWARD PLACE  
OLDSMAR, FL 34677

FEI Number: 32-0218338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OXENDINE, CATHERINE  
105 MEADOW LANE  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

OXENDINE, CATHERINE  
107 WINDWARD PLACE  
OLDSMAR, FL 34677 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: CATHERINE J OXENDINE

03/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OXENDINE, CATHERINE  
Address: 105 MEADOW LANE  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete  
Name: OXENDINE, SERAH  
Address: 105 MEADOW LANE  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OXENDINE, CATHERINE  
Address: 107 WINDWARD PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD (X) Change ( ) Addition  
Name: OXENDINE, SERAH  
Address: 107 WINDWARD PLACE  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CATHERINE J OXENDINE

PRES

03/14/2009

Electronic Signature of Signing Officer or Director

Date