

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P93000026583**

1. Entity Name  
**C.J. MALEVER, INC.**



**FILED**

09 JAN 30 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
327 SOUTHEAST 22ND AVENUE  
OCALA, FL 34471

Mailing Address  
327 SOUTHEAST 22ND AVENUE  
OCALA, FL 34471



01052009 No Chg-P CR2E034 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3178621	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MALEVER, FRANCE G  
327 S.E. 22ND AVE.  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

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 FRANCES G. MALEVER Frances G. Malever 1-13-09  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2009 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees** 200141067002  
01/16/09--01056--007 \*\*150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALEVER, BRENT R 327 SOUTHEAST 22ND AVENUE OCALA, FL
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**DO NOT WRITE  
IN THIS SPACE**

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:**

Frances G. Malever  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/09  
Date

352-732-2618  
Daytime Phone #