

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000007763

1. Entity Name
CJB OF FT. LAUDERDALE, INC.



Principal Place of Business
3296 N WESTMORELAND DR
ORLANDO, FL 32804

Mailing Address
3296 N WESTMORELAND DR
ORLANDO, FL 32804



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3237814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BACHMAN, JOHN C
3296 N. WESTMORELAND DR
ORLANDO, FL 32804

**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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000830069
02/26/08-80067-025 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BACHMAN, JOHN C
STREET ADDRESS 3296 N WESMORELAND DR.
CITY-ST-ZIP ORLANDO, FL

TITLE V
NAME BACHMAN, MICHELE H
STREET ADDRESS 3296 N WESTMORELAND DR
CITY-ST-ZIP ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-08

Date

407 649 8749

Daytime Phone #