

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90021 036 ***150.00

DOCUMENT # P94000029045

1. Entity Name

C J SALES COMPANY, INC.



Principal Place of Business

8437 ST MARINO BLVD
ORLANDO FL 32836
US

Mailing Address

8437 ST MARINO BLVD
ORLANDO FL 32836
US

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

7031 GRAND NATIONAL DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32819

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3241426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS ROAD
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
TRINDER, JOELLE
8437 ST. MARINO BLVD.
ORLANDO FL 32836

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joelle Trinder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #