

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000020783

1. Entity Name
C J COMMUNITIES, INCORPORATED



Principal Place of Business
**P O BOX 369
BONITA SPRINGS, FL 34133 US**

Mailing Address
**P O BOX 369
BONITA SPGS, FL 34133 US**



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0561596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ERDMAN, GREG
3645 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134**

**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, typed or printed name of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

UD00000326809

04/25/05 00013 004 150.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ERDMAN, CHARLES J JR
STREET ADDRESS	P O BOX 369 N/A
CITY ST ZIP	BONITA SPRINGS, FL
TITLE	D
NAME	ERDMAN, GREG
STREET ADDRESS	P O BOX 369 N/A
CITY ST ZIP	BONITA SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GREG ERDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 (239) 992-8833

Date

Daytime Phone #