

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 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



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0561596

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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    |                      |

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05/15/06-80056-008 158.75

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

Charles J. Erdman Jr 4/27/06 335-992-8833

Date

Daytime Phone #