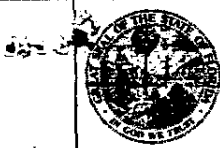


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000057950

1. Entity Name
COJEH PROPERTIES, INC.



Principal Place of Business

43951 CO. RD. 54 E
KATHLEEN, FL 33849 US

Mailing Address

43951 CO. RD. 54 E
KATHLEEN, FL 33849 US

FILED
04 JAN 23 AM 11:28
SECRETARY OF STATE
FLORIDA



01062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3333125

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOWARD, JAMES E
43951 CR 54E
KATHLEEN, FL- 33849

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 HUGHES, DELORES
STREET ADDRESS 43919 C.R. 54 E.
CITY-ST-ZIP KATHLEEN, FL 33849

TITLE D
NAME MIMS, KATHY L
STREET ADDRESS 43700 HWY. 54 E.
CITY-ST-ZIP KATHLEEN, FL 33849

TITLE ~~Director~~
NAME ~~James E Howard~~
STREET ADDRESS ~~43951 C.R. 54E~~
CITY-ST-ZIP ~~Kathleen, FL- 33849~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000027525410
01/23/04--01061--021 **\$150.00

**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)(i), 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

James E Howard

1/7/04
Date

352-567-2372
Daytime Phone #