

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 SEP 22 PM 1:40

SEC. OF STATE
TALLAHASSEE, FLORIDA



07212005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0708004** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAVENDER, JANICE
8939 OLD PINE ROAD
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MRS. ☒ Delete
NAME LAVENDER, JANICE
STREET ADDRESS 8939 OLD PINE RD
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE MR ☒ Delete
NAME LOWE, CARLETON A
STREET ADDRESS 177-D HIGH POINT TERR WEST
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/V/T/S/D ☐ Change ☒ Addition
NAME Lavender, Janice
STREET ADDRESS 8939 Old Pine Rd
CITY-ST-ZIP Boca Raton, FL 33433

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

TITLE ☐ Change ☐ Addition
NAME 300059864163
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: Janice Lavender

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

9/12/05



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 610619 5840A

AUTHORIZATION :

COST LIMIT : \$ 61.25

Patricia P. Smith

ORDER DATE : September 22, 2005

ORDER TIME : 11:03 AM

ORDER NO. : 610619-005

CUSTOMER NO: 5840A

CUSTOMER: Ms. Dortha Depace
Steven I. Greenwald, P.a.
Suite 105
6971 N. Federal Highway
Boca Raton, FL 33487

ANNUAL REPORT FILING

NAME: CJC INVESTMENT PROPERTIES, INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#2955

EXAMINER'S INITIALS: _____

RECEIVED
05 SEP 22 PM 1:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA