

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90003 039 ***150.00

DOCUMENT # P96000094394		
1. Entity Name CJA CONSULT, INC.		

Principal Place of Business 14649 AERIES WAY FT. MYERS, FL 33912 US	Mailing Address 14649 AERIES WAY FT. MYERS, FL 33912 US
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14027455



2. Principal Place of Business 2213 Colefax Ct.	3. Mailing Address 2213 Colefax Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03012004 Chg-P CR2E034 (10/03)

City & State Lehigh Acres, FL	City & State Lehigh Acres, FL
Zip 33971	Country USA

4. FEI Number 65-0716285	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent APPELBERG, CARL J 14649 AERIES WAY FT MYERS, FL 33912	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2213 Colefax Ct. City Lehigh Acres FL Zip Code 33971	
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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
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D APPELBERG, CARL J 14649 AERIES WAY FT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D Appelberg, Carl J 2213 Colefax Ct. Lehigh Acres, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

9/23/04
Remailing copy of
original mailed in
March 2004
Check has not returned
so here is a new
check.

Thank you very much
Carl Appelberg

12. I hereby certify that the information indicated on this report or supplemental report is true and correct to the best of my knowledge, and 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: <i>Carl Appelberg</i> CARL J APPELBERG 3/10/4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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