2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000014642

1. Entity Name
C & J'S PORTABLE TOILETS, INC.

Principal Place of Business	Mailing Address
11220 BENTLEY TRACE LANE EAST JACKSONVILLE, FL 32257	POST OFFICE BOX 56393 JACKSONVILLE, FL 32241

DO NOT WRITE IN THIS SPACE

01232007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3425973		Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR
1543-5 KINGSLEY AVENUE
ORANGE PARK, FL 32073

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	CREWS, HENRY J
STREET ADDRESS	11220 BENTLEY TRACE LANE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DP
NAME	CREWS, CHERYL A
STREET ADDRESS	11220 BENTLEY TRACE LANE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

U000000756875
05/23/07-30050-003 150.00

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: _CHERYL A CREWS, DIR._   (904) 292-1198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #