2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address.

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P98000102735 1. Entity Name 04-12-2005 90131 050 ***150.00 C.J. & J. ENTERPRISES OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 9118 BRENDAN PRESERVE CT BONITA SPRINGS FL 34135 P O BOX 366355 BONITA SPRINGS FL 34136 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State 4. FEI Number 59-3546657 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RACIOPPI, CARL W Street Address (P.O.Box Number is Not Acceptable) 9118 BRENDAN PRESERCE CT **BONITA SPRINGS FL 34135** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Estana Gandon Ciale 103 TITLE DPS" TITLE ☐ Delete . RACIOPPI. CARL W NAME NAME 1274 HANTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33901 CITY-ST-ZIP ☐ Delete TITLE RACIOPPI, JASON J NAME NAME STREET ADDRESS 1274 HANTON AVE STREET ADDRESS FORT MYERS FL 33901 CITY-ST-ZIP CITY-SI-7IP ☐ Detete TITLE DT TITLE NAME RACIOPPI, MARGARET H NAME STREET ADDRESS 1274 HANTON AVE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED