

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90111 030 \*\*\*150.00



**DOCUMENT # P98000102735**  
 1. Entity Name  
**C.J. & J. ENTERPRISES OF CENTRAL FLORIDA, INC.**

Principal Place of Business: **20240 ESTERO GARDEN CIR #103 ESTERO FL 33928 US**  
 Mailing Address: **P O BOX 366355 BONITA SPRINGS FL 34136**



2. Principal Place of Business: **27060 Flamingo DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: **Bonita Springs FL**  
 Zip: **34135** Country: **USA**

4. FEI Number: **59-3546657**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**RACIOPPI, CARL W**  
**20240 ESTERO GARDEN CIR #103**  
**ESTERO FL 33928**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): **27060 Flamingo DR**  
 City: **Bonita Springs** State: **FL** Zip Code: **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: **CARL W Racioppi** *Carl Racioppi* **2-14-06**  
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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	RACIOPPI, CARL W	
STREET ADDRESS	20240 ESTERO GARDEN CIR #103	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RACIOPPI, JASON J	
STREET ADDRESS	20240 ESTERO GARDEN CIR #103	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RACIOPPI, MARGARET H	
STREET ADDRESS	20240 ESTERO GARDEN CIR #103	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>27060 Flamingo DR</b>	
CITY-ST-ZIP	<b>Bonita Springs FL 34135</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>27060 Flamingo DR</b>	
CITY-ST-ZIP	<b>Bonita Springs FL 34135</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>27060 Flamingo DR</b>	
CITY-ST-ZIP	<b>Bonita Springs FL 34135</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carl Racioppi* **2-14-06** **239 949-1120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #