## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000102735

FILED Apr 07, 2009 Secretary of State

Entity Name: C.J. & J. ENTERPRISES OF CENTRAL FLORIDA, INC.

urrent P	Principal Place	e of Business:	New Principal Place	of Business:
	AMIGO DR BPRINGS, FL :	34135 US		
urrent N	/lailing Addre	ss:	New Mailing Addres	s:
O BOX : ONITA S	366355 SPRINGS, FL :	34136		
El Number	r: 59-3546657	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
7060 FL <i>A</i>	'I, CARL W AMINGO DR BPRINGS, FL	34135 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
the Stat	e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
	e of Florida. RE:	submits this statement for the		d office or registered agent, or both,  Date
the Stat IGNATU	e of Florida.  RE: Electro			
the State	e of Florida.  RE: Electro	nic Signature of Registered Ag	gent	
the State	e of Florida.  RE: Electro  mpaign Financin  S AND DIRECT  DPS ( RACIOPPI, CA 27060 FLAMIN	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete  (RL W	gent	Date
the State GNATU  ection Cal  FFICER  le: ume: ldress:	e of Florida.  RE: Electro  mpaign Financin  S AND DIREC  DPS ( RACIOPPI, CA 27060 FLAMIN BONITA SPRIN  DV ( RACIOPPI, JA 27060 FLAMIN	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete  IRL W  IGO DR  NGS, FL 34135  ) Delete  SON J	gent  ADDITIONS/CHANG  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL W RACIOPPI PRES 04/07/2009