

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000102735

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

27060 FLAMINGO DR  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

15414 TREVALLY WAY  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

P O BOX 366355  
BONITA SPRINGS, FL 34136

**New Mailing Address:**

**FEI Number:** 59-3546657      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RACIOPPI, CARL W  
27060 FLAMINGO DR  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

RACIOPPI, CARL W  
15414 TREVALLY WAY  
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/05/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: RACIOPPI, CARL W  
Address: 15414 TREVALLY WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV  
Name: RACIOPPI, JASON J  
Address: 15414 TREVALLY WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT  
Name: RACIOPPI, MARGARET H  
Address: 15414 TREVALLY WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: CARL W RACIOPPI

PRES

04/05/2011

Electronic Signature of Signing Officer or Director

Date