


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90159 010 \*\*\*150.00

**DOCUMENT # P99000028056**

1. Entity Name  
 CAJ OF PENSACOLA, INC.



Principal Place of Business 7752 LAKESIDE DRIVE MILTON, FL 32583	Mailing Address 7752 LAKESIDE DRIVE MILTON, FL 32583
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**DO NOT WRITE IN THIS SPACE**



03202005 No Chg-P CR2E034 (10/03)

4. FFI Number 59-3563664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KAPETANIS, ARETY  
 7752 LAKESIDE DRIVE  
 MILTON, FL 32583

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KAPETANIS, ARETY 7752 LAKESIDE DRIVE MILTON, FL 32583
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kapetanis Arety Kapetanis 4-20-05 (850) 435-7500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #