


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90015 045 ***150.00

DOCUMENT # P99000059691			
1. Entity Name CMJ VENTURES, INC.			
Principal Place of Business 9625 HAMILTON PARK DR SUITE 12 CHATTANOOGA, TN 37421		Mailing Address 9625 HAMILTON PARK DR SUITE 12 CHATTANOOGA, TN 37421	
2. Principal Place of Business 7625 Hamilton Place Dr.		3. Mailing Address 7625 Hamilton Park Dr	
Suite, Apt. #, etc. Suite 12		Suite, Apt. #, etc. Suite 12	
City & State Chattanooga, TN		City & State Chattanooga, TN	
Zip 37421	Country U.S.	Zip 37421	Country U.S.
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARBER, SEAN 3600 CHAMBERLAIN LANE SUITE 826 LOUISVILLE, KY 40241 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, DANNY F 1725 HAMILTON PARK DR SUITE 12 CHATTANOOGA, TN 37421 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Chairman Ron Metz 2366 West Blvd. Kokomo, IN 46902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, CHARLES L 1725 HAMILTON PARK DR SUITE 12 CHATTANOOGA, TN 37421 <input type="checkbox"/> Delete 7625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO William B. Hehsley 1295 Vernon Street Wabash, IN 46992 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Charles L. Thompson (423)296-8213	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01082004 Chg-P CR2E034 (10/03)

4. FEI Number 61-1350787 Applied For Not Applicable

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