


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90315 027 ***150.00

| | |
|--|---|
| DOCUMENT # S80762 |  |
| 1. Entity Name CJM PROPERTY SERVICES, INC. | |

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|--|---|
| Principal Place of Business 100 SECOND AVE NORTH SUITE 350 ST. PETERSBURG, FL 33701 US | Mailing Address PO BOX 870 ST. PETERSBURG, FL 33731-0870 US |
|--|---|

50037174

| | |
|--|----------------------------|
| 2. Principal Place of Business 695 Central Ave | 3. Mailing Address |
| Suite, Apt. #, etc. 200 | Suite, Apt. #, etc. |
| City & State St Petersburg FL | City & State |
| Zip 33701 | Country Pinellas |



04142005 Chg-P CR2E034 (10/03)

| | | |
|---|--|---|
| 4. FEI Number 59-3086001 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent KEHM, MARTHA 100 SECOND AVENUE NORTH SUITE 350 ST. PETERSBURG, FL 33701 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 695 Central Ave Suite 200 City St Petersburg FL Zip Code 33701 |

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 | DVPS ANDERSON, CHARLES C. 1328 PASADENA AVE S #308 SAINT PETERSBURG, FL 33707 <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 | DPT KEHM, MARTHA L. 1909 BEACH DR SE SAINT PETERSBURG, FL 33705 <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 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 727823-8122
Date Daytime Phone #